

UNITED STATES BANKRUPTCY COURT  
SOUTHERN DISTRICT OF NEW YORK

IN RE:

DELPHI CORPORATION, et.al.

Debtors in Possession.

Case No. 05-44481 (RDD)  
Chapter 11  
(Jointly Administered)

**TECNOMECC S.R.L.'S  
RESPONSE TO DEBTORS'  
ELEVENTH OMNIBUS  
OBJECTION TO CERTAIN (A)  
INSUFFICIENTLY  
DOCUMENTED CLAIMS, (B)  
CLAIMS NOT REFLECTED ON  
DEBTORS' BOOKS AND  
RECORDS, (C) UNTIMELY  
CLAIMS, AND (D) CLAIMS  
SUBJECT TO MODIFICATION.**

RESPONSE TO DEBTORS' ELEVENTH OMNIBUS  
OBJECTION TO CERTAIN (A) INSUFFICIENTLY  
DOCUMENTED CLAIMS, (B) CLAIMS NOT  
REFLECTED ON DEBTORS' BOOKS AND RECORDS,  
(C) UNTIMELY CLAIMS, AND (D) CLAIMS SUBJECT  
TO MODIFICATION

Tecnomec S.r.L., an Italian corporation ("Tecnomec"), by and through its attorneys, Garvey Schubert Barer, for its Response to the Eleventh Omnibus Claims Objection filed by Delphi Corporation ("Delphi") and certain of its subsidiaries and affiliates (collectively, the "Debtors"), states:

1. Tecnomec filed an unsecured Proof of Claim in the amount of \$3,788.00 on March 1, 2006, in Case Number 05-44640. This claim is for automotive merchandise provided to Delphi on or about January 8, 2002. *See Exhibit A, page 1.*

2. Tecnomec filed an unsecured Proof of Claim in the amount of \$360.65 on March 1, 2006, in Case Number 05- 44640. This claim is for automotive merchandise provided to Delphi on or about January 15, 2003. *See Exhibit A, page 7.*

3. Tecnomec filed an unsecured Proof of Claim in the amount of \$24,742.00 on March 1, 2006, in Case Number 05- 44640. This claim is for automotive merchandise provided to Delphi on or about January 31, 2002 (the costs of equipment for the construction of the Opel Radio Program). *See Exhibit A, page 11.*

4. Tecnomec filed an unsecured Proof of Claim in the amount of \$7,291.83 on March 1, 2006, in Case Number 05- 44640. This claim is for automotive merchandise provided to Delphi on or about August 12, 2005. *See Exhibit A, page 18.*

5. Tecnomec filed an unsecured Proof of Claim in the amount of \$1,076.77 on March 1, 2006, in Case Number 05- 44640. This claim is for automotive merchandise provided to Delphi on or about August 18, 2005. *See Exhibit A, page 27.*

6. Tecnomec filed an unsecured Proof of Claim in the amount of \$4,082.43 on March 1, 2006, in Case Number 05-44640. This claim is for automotive merchandise and services provided to Delphi on or about October 31, 2003 (primarily, the costs of adjustments to a Tecnomec press for the exclusive use of Delphi and for the production of Delphi products). *See Exhibit A, page 33.*

7. Tecnomec filed an unsecured Proof of Claim in the amount of \$1,635.00 on March 1, 2006, in Case Number 05-44640. This claim is for automotive merchandise provided to Delphi on or about November 9, 2001. *See Exhibit A, page 36.*

8. Tecnomec filed an unsecured Proof of Claim in the amount of \$1,880.39 on March 1, 2006, in Case Number 05-44640. This claim is for automotive merchandise provided to Delphi on or about November 14, 2001. *See Exhibit A, page 48.*

9. Tecnomec filed an unsecured Proof of Claim in the amount of \$1,442.59 on March 1, 2006, in Case Number 05-44640. This claim is for automotive merchandise provided to Delphi on or about December 19, 2002. *See Exhibit A, page 51.*

10. Tecnomec filed an unsecured Proof of Claim in the amount of \$696.73 on March 1, 2006, in Case Number 05-44640. This claim is for automotive merchandise provided to Delphi on or about November 26, 2001. *See Exhibit A, page 57.*

11. Tecnomec, pursuant to agreement, assigned certain rights regarding the above ten Proofs of Claims (the "Claims") to Liquidity Solutions, Inc. Tecnomec, as assignor, retained the right to defend the Claims in connection with objections submitted by the Debtors.

12. Each of Tecnomec's Claims is supported by invoices and shipping documentation, showing that goods, materials, and services were shipped or provided to Delphi. All of the invoices were issued pursuant to purchase orders from Delphi. The purchase orders are referenced on the invoices provided in support of the Proofs of Claims. In addition, several purchase orders from Delphi are attached to Tecnomec's Claims. All materials covered under the invoices supporting the Claims were shipped to Delphi's facilities at Delphi's direction.

13. The Debtors filed an objection asserting that the Claims should be disallowed because they are not reflected on Debtors' books and records. *See Debtors Eleventh Omnibus Objection to Certain (A) Insufficiently Documented Claims, (B) Claims Not Reflected On Debtors' Books And Records, And (C) Untimely Claims, And (D) Claims Subject To Modification*<sup>1</sup>.

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<sup>1</sup> Due to the fact that Tecnomec is based in Italy, and that Debtors sent notice of the Eleventh Omnibus Claims Objection to Liquidity Solutions, Inc., and not to the address provided on Tecnomec's Proofs of

14. The Claims arise out of automotive inventory, product, equipment, parts, and related materials and services which were sold, shipped and or provided to Debtors by Tecnomec pursuant to purchase orders submitted by Debtors.

15. With the exception of one small payment, the Debtors have failed or refused to pay for the materials they received pursuant to Tecnomec's invoices. In regards to invoice number 4671 (Exhibit A, page 58), Delphi provided one payment of \$54.62 (€ 44.15) which Tecnomec received on June 7, 2004. This payment was taken into account in Tecnomec's Proof of Claim (Exhibit A, page 57). Tecnomec's own books and records do not reflect any other payments.

16. The invoices and related material that Tecnomec has provided in support of its ten Proofs of Claims establish *prima facie*, that Tecnomec has valid claims for goods and services against Delphi that were incurred prior to the Debtors' bankruptcy.

17. The Debtors have provided no proof of payment on the outstanding balance, and have only provided the bare and conclusory assertion that Tecnomec's invoices do not appear on Delphi's books and records. This assertion is seemingly belied by the fact that the Debtors' included almost the entirety of Tecnomec's claims in their debt schedule prior to filing of the Claims. *See* Delphi Automotive Systems LLC, Amended and Restated Schedules of Assets and Liabilities, Schedule F, page 1012, filed April 18, 2006. The Debtors' Books and Records objection has been made without the support of any evidence, and is the only assertion brought against Tecnomec's Proofs of Claims. Tecnomec reserves the right to respond to any new assertions made against the Claims.

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Claims, Tecnomec only received notice of the Eleventh Omnibus Claims Objection a week before the response due date.

18. Any reply to this response should be addressed to counsel at the address reflected below.

**WHEREFORE**, Tecnomec, prays this Honorable Court deny the relief sought by the Debtor in Possession as to Tecnomec's Claims.

**GARVEY SCHUBERT BARER**

By: 

Robert Carrillo, Esq. (RC-0721)  
Garvey Schubert Barer  
100 Wall Street, 20<sup>th</sup> Floor  
New York, NY 10005  
(212) 431-8700

Attorneys for Tecnomec S.r.L.

Dated: Apr 1, 2007

# EXHIBIT A

United States Bankruptcy Court Southern District Of New York		PROOF OF CLAIM
<b>Name of Debtor</b> <b>DELPHI AUTOMOTIVE SYSTEMS LLC</b>	<b>Case Number</b> <b>05-44640</b>	This Space For Court Use Only
<small>NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.</small>		
<b>Name of Creditor (The person or other entity to whom the debtor owes money or property):</b> <b>TECNOMEC S.r.l.</b>	<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.	This Space For Court Use Only
<b>Name and Address where notices should be sent:</b> <b>TECNOMEC S.r.l.</b> <b>Via Nazionale 11</b> <b>Regione Remise</b> <b>11020 Arnad (AO)</b> <b>ITALY</b>	<input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case.	
<input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.		
<b>Telephone number: 00 39 0125 968 511</b>		This Space For Court Use Only
<b>Account or other number by which creditor identifies debtor:</b> <b>Customer Number 010951</b>	Check here if this claim <input type="checkbox"/> replaces or <input type="checkbox"/> amends a previously filed claim dated: _____	
<b>1. Basis for Claim</b> <input checked="" type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other _____		
<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Last four digits of SS #: _____ Unpaid compensation for services performed from _____ (date) to _____ (date)		
<b>2. Date debt was incurred:</b> 8 January 2002 (Invoice 5 - copy attached)	<b>3. If court judgment, date obtained:</b> Not applicable	
<b>4. Classification of Claim. Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed.</b> <small>See reverse side for important explanations.</small>		
<b>Secured Claim.</b> <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). <b>Brief Description of Collateral:</b> <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ <b>Value of Collateral \$</b> _____ <b>Amount of arrearage and other charges at time case filed included in secured claim, if any: \$</b> _____	<b>Unsecured Priority Claim.</b> <input type="checkbox"/> Check this box if you have an unsecured priority claim <b>Amount entitled to priority \$</b> _____ <b>Specify the priority of the claim:</b> <input type="checkbox"/> Domestic support obligations - 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5). <input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____). <small>* Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</small>	
<b>Unsecured Nonpriority Claim \$ 3788.49 (€3062.40)</b> <input checked="" type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.	<b>5. Total Amount of Claim at Time Case Filed: \$ 3788.49 (€3062.40) (Unsecured)</b> <small>(Total original claim amount converted from Euros into US dollars according to average Interbank Rate 8 October 2005 - see attached)</small> * If all or part of your claim is secured or entitled to priority, also complete item 5 or 7 below. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.	
<b>6. Credit:</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. <b>7. Supporting Documents:</b> Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. <b>DO NOT SEND ORIGINAL DOCUMENTS.</b> If the documents are not available, explain. If the documents are voluminous, attach a summary. <b>8. Date-Stamped Copy:</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.		This Space For Court Use Only
<b>Date:</b> 01 03 06	<b>Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any):</b> 	

Penalty for presenting fraudulent claim: Fine up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571

**TECNOMEC** S.r.l.

Cap. Soc. L. 800.000.000 I.V.

Direzione, Sede e Stabilimento:

11020 ARNAD (AO) - Reg. Riunione - Via Nazionale, 11

Tel. 0125 968.511 - Fax 0125 968.374

Deposito e Recupero:

10095 GRUGLIASCO (TO) - C.so C. Allamano, 19 - Tel. 011 784.398

Registrazione Tribunale Aosta n. AO 003957 - R.E.A. n. 31119 AOSTA

Cod. Fisc./Part. IVA: 00041600073 - VAT n. IT 00041600073

**STAMPAGGIO LAMIERA  
 COSTRUZIONE STAMPI  
 COSTRUZIONI MECCANICHE**

Spazio

DELPHI AUTOMOTIVE SYSTEMS  
 ATTH. ACCOUNT PAYABLE N.1 CORP. GEN  
 45904 PO BOX 9005 KOKOMO IN USA

Cod. Fornitore: 823864

CODICE CLIENTE PARTITA IVA CLIENTE

NUMERO

DATA

NUMERO

DATA

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NUMERO

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COMMENTO FATTURA

Pag.

N. ORDINE	CODICE ARTICOLO	DESCRIZIONE	U.M.	QUANTITA'	PREZZO	IMPORTO	NUMERO	DATA	% IVA
1504500	16210630	SPRING-LOCK - MULLA PESO NETTO KG 17 PESO LORDO KG 16 N. COLLI 01 VALUTA: EURO SHIP TO: Delphi Delco Electronics Systems 501 Joaquin Cavazos Road Los Indios, Texas 78567 USA	M.	3200,00	0,95700	3.062,40	97	08/01/2002	MI
MATERIALI PRODOTTI IN ITALIA									

TOTALE IMPONIBILE	3.062,40
TOTALE IMPOSTA	
TOTALE BOLLI	

RIPIOSCHI I.V.A.	% ALIQUOTA	IMPOSTA
IMPOSTA	MI	Non Imp. Art. 9
Operazione non imponibile ai sensi Art. 9, D.P.R. 633 del 26/10/72 e successive modificazioni.		

SCARICO COLLABORAZIONE	DATA	NUMERO

BANCA D'APPOGGIO	
CONDIZIONI DI PAGAMENTO	
Rinuncia diretta 60 gg fine mese	
IMPORTO	SCAD. 1° DATA
	SCAD. 2° DATA
	SCAD. 3° DATA
	SCAD. 4° DATA

TOTALE FATTURA	3.062,40
EURO	

SPESA TRATTA	BOLLI

SCARICO COLLABORAZIONE	DATA	NUMERO

PER I PAGAMENTI OLTRE I TERMINI CONTRATTATI DECORRONO GLI INTERESSI DI MORIA	
Contributo Ambientale CONAI Assolto ove dovuto	







**TECNOMECC**

S.r.l. Cap. Soc. L. 800.000.000 I.V.

Direzione, Sede e Stabilimento:

11020 ARNAD (AO) - Reg. Remise - Via Nazionale, 11  
Tel. 0125 968.511 - Fax 0125 966.374

Deposito e Recupero:

10095 GRUGLIASCO (TO) - C.so C. Allamano, 19 - Tel. 011 784.398  
Registro Imprese Tribunale Aosta n. AO 083857 - R.E.A. n. 31118 AOSTA  
Cod. Fisc./Part. IVA: 00041600073 - VAT n. IT 00041600073

**STAMPAGGIO LAMIERA  
COSTRUZIONE STAMPI  
COSTRUZIONI MECCANICHE**

Spett.le

DELPHI AUTOMOTIVE SYSTEMS  
ATTN. ACCOUNT PAYABLE N.I. CORP. GEN  
63004 PO BOX 9005 KOKOMO IN USA

Cod. Fornitore: 87384R

FATTURA	
CODICE CLIENTE	DATA
DL951	08/01/2002
PARTE IN CLIENTE	NUMERO

COMMENTO FATTURA

Pag.

N. ORDINE	CODICE ARTICOLO	DESCRIZIONE	U.M.	QUANTITA'	PREZZO	IMPORTO	NUMERO	D.D.T.	DATA	% IV
450500	15210830	SPRING-LOCK - MOLLA PESO NETTO KG 17 PESO LORDO KG 18 N. COLLI 01 VALUTA: EURO SHIP TO: Delphi Delco Electronics Systems 601 Joaquin Cavazos Road Los Indios, Texas 78567 USA	N.	3200,00	0,95700	3.052,40	97		08/01/2002	H
MATERIALI PRODOTTI IN ITALIA										

Dichiaro sotto la mia piena e personale responsabilità ed, in particolare agli effetti delle vigenti disposizioni tributarie, che il prezzo indicato nella presente fattura è vero e reale e che pertanto non sarà fatta integrazione in qualsiasi forma o con qualsiasi modalità va e faranno o a carico dell'impresa da me rappresentata, in relazione all'operazione per cui è stata emessa la fattura stessa.

<<Ai sensi dell'articolo 11 del D.M. 12/3/1981 dichiaro che i documenti allegati sono veri e il presente documento esprime l'autentica volontà di ogni responsabilità circa la veridicità dei loro contenuti e dei dati contenuti>>

TECNOMECC S.R.L.

BANCA D'APPOGGIO

CONDIZIONI DI PAGAMENTO

Rimessa diretta 60 gg fine mese

IMPORTO	SCAD. 1° RATA	SCAD. 2° RATA	SCAD. 3° RATA	SCAD. 4° RATA

SCARICO CLAVORAZIONE	
DATA	NUMERO

RIEPILOGHI I.V.A.	
IMPONIBILE	% ALIQUOTA
3.052,40	11
Operazione non imponibile ai sensi Art. 8, D.P.R. 633 del 28/10/72 e successive modificazioni.	
IMPOSTA	
Non Imp. Art. 8	
BOLLI	
SPESE TRATTA	
BOLLI	

TOTALE IMPONIBILE	
3.052,40	
TOTALE IMPOSTA	
BOLLI	
TOTALE FATTURA	
3.052,40	

PER I PAGAMENTI OLTRE I TERMINI CONTRATTATI DECORRONO GLI INTERESSI DI MORIA

Contributo Ambientale CONAI Assolto ove dovuto

EURO

SEAC



COMUNITÀ EUROPEA

390125966374

1 DICHIARAZIONE

DOGANA DI MILANO

3

2 Speditore / Esportatore

N. 00041600073

EX 1 T2

225 TC/EG 10/01/02

145604

TECNOME SRL

VIA NAZIONALE 11

11020 ARNAD

3 Formulari

1/01

4 Dist. di carico

PANALPINA S.P.A.

AUT. MIN. N. 0167/CS

5 Articoli

1

6 Totale dei colli

1

7 Numero di riferimento

00745260158/531592/G

8 Destinataria

N.

167920

DELPHI DELCO

601 JOAQUIN CAVAZOS ROAD

78586 LOS INDIOS TX USA

9 Responsabile finanziario

N.

10/01/02

10 Paese prima

destinazione

11 Paese di transizione

13 P.A.C.

14 Dichiarante/Rappresentante

N. 00745260158

15 Paese di spedizione / esportazione

ITALIA

15 Cod. P. sped./esport.

a) 005

b) 1

17 Cod. P. destinaz.

a) 400

b) 1

PANALPINA SPA

PANALPINA SPA RAP. IND.

16 Paese di origine

17 Paese di destinazione

USA

18 Identità e nazionalità del mezzo di trasporto alla partenza

MNA 280440

19 Cir.

005

20 Condizioni di consegna

EXW PARTENZA

21 Identità e nazionalità del mezzo di trasporto attivo che attraversa la frontiera

22 Moneta ed importo totale fatturato

EU

3062.40

23 Tasso di cambio

1.000

24 Natura della

1/1 transazione

25 Modo di trasporto

3 alla frontiera

26 Modo di trasporto

3 interno

27 Luogo di carico

28 Dati finanziari e bancari

PROTOCOLLO N.

7 DEL

10/01/02

29 Ufficio di uscita

075140

30 Localizzazione delle merci

3

31 Colli e  
Marche e numeri - N. contenitori - Quantità e natura  
COLLI 1  
MOLLE ALTRE DI FERRO O DI ACCIAIO

32 Articolo

01 N.

33 Codice delle merci

73202089 90

34 Cod. P. di origine

a) 40

35 Massa lorda (kg)

18.00

37 REGIME

10.00

1

38 Massa netta (kg)

17.00

39 Contingenti

40 Dichiarazione sommaria / Documento precedente

41 Unità supplementari

Codice MS

S

48 Valore statistico

RET-EXP

3062.40

44 Menzioni  
speciali/  
Documenti  
presentati/  
Certificati ed  
autorizzazioni

ET 5 DEL 080102

47 Calcolo  
della  
base  
imponibile  
Alliquota  
Importo  
MP

Tipo

Base imponibile

Alliquota

Importo

MP

48 Dilazione di pagamento

49 Identificazione del deposito

S

B DATI CONTABILI

**EXPORT**

50 Obbligato principale

N.

00745260158

Firma:

C. UFFICIO DI PARTENZA

PANALPINA SPA

VIA LAINATE 100

20017RHO

225TC/EG

10/01/02

51 Uffici di  
passaggio  
previsti  
(e paesi)

rappresentato da:

MORRETTA MARCELLO

Luogo e data: MILANO

10/01/02

P. CHIASSO

CHIASSO

52 Garanzia

non valida per:

N. 13 DEL 020600 CIR. DOG. MILANO

Codice

53 Ufficio di destinazione (e paese)

1

LUSSEMBURGO

D CONTROLLO DELL'UFFICIO DI PARTENZA

Timbro:

Risultato: PROCEDURA SEMPLIFICATA AUT. MIN. 0167/CS

Suggeriti apposti: Numero:

marche: PANALPINA RHO

PANALPINA SPA RHO

Termine (data limite):

25/01/02

Firma:

Firma e nome del dichiarante / rappresentante:

MORRETTA MARCELLO



VIA LAINATE, 98-100  
 20017 RHO MI  
 Tel: 02935341 Fax: 293502168

Mittente - Shipper

TECNOMEC SRL

VIA NAZIONALE, 11  
 11020 ARNAD AO

Destinatario - Consignee

DELPHI DELCO

601 JOAQUIN CAVAZOS ROAD  
 78586 LOS INDIOS TX USA

Notifica - Notify

TRASMISSIONE DOCUMENTI

RACCOMANDATA

Spett. Ditta  
 TECNOMEC SRL

VIA NAZIONALE, 11  
 11020 ARNAD AO

All agreements and forwarding shipping orders are subject to our general terms and conditions. After 30 days without receiving any claim, our invoice is considered as tacitly approved.

Data - Date	Nostro Riferimento - Our reference	Vostro Riferimento - Your reference	B/L or AWB No.	Rep. - Dept.
18/01/02	280440	INV. 5 DD 08.01.02	172/45229951	MNA/AEX/COMITE
Rosa Marcia - Delivery terms		Assicurazione - Insurance	Dogana - Customs point	
EX WORK		NOT COVERED BY US		
A Mezzo - By	It - Date	Da - From	Per - To	
TRUCK		MILAN, ITALY	HOUSTON INTERCONT. TEX. USA	
		ITALIA	U.S.A.	

Colli	Peso lordo	Contenuto
1	18,00	AUTOMOTIVE PARTS

EGREGI SIGNORI ,  
 CON RIFERIMENTO ALLA SUDETTA SPEDIZIONE VI TRASMETTIAMO IN ALLEGATO :

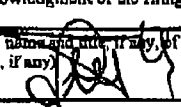
BOLLA DOGANALE MOD. EX 1 T2 NO. 225 TCEG 100102

DISTINTI SALUTI.

PANALPINA TRASP. MOND. SPA

Tutti gli accordi e gli ordini di spedizione al destinatario sottoposti alla nostra condizione generale. Inscritta al Registro del Commercio in Italia e sottoposta all'approvazione dell'Autorita' Doganale.

Sede legale: 20017 Lucernate di Rho (MI), Via San Francesco d'Assisi, 6 - Cap. Soc. EUR 2.000.000  
 CCIAA Milano no 274984 Canc. Tribunale Milano no 38531 reg. soc. Foro Milano  
 CF PI/ Tax-VAT-No IT 00745260158-ENL Ag. 13, Milano CC 185-ABI 01005-CAB 01613/swift BNL IITRAMNO

<b>United States Bankruptcy Court-Southern District Of New York</b>		<b>PROOF OF CLAIM</b>
Name of Debtor <b>DELPHI AUTOMOTIVE SYSTEMS LLC</b>		Case Number <b>05-44640</b>
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.		
Name of Creditor (The person or other entity to whom the debtor owes money or property): <b>TECNOMEC S.r.l.</b>		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.  <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case.  <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.
Name and Address where notices should be sent: <b>TECNOMEC S.r.l. Via Nazionale 11 Regione Remise 11020 Arnad (AO) ITALY</b>		
Telephone number: <b>00 39 0125 968 511</b>		This Space For Court Use Only
Account or other number by which creditor identifies debtor: Customer Number <b>010951</b>		Check here if this claim <input type="checkbox"/> replaces or <input type="checkbox"/> amends a previously filed claim dated: _____
<b>1. Basis for Claim</b> <input checked="" type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other _____ <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Last four digits of SS #: _____ Unpaid compensation for services performed from _____ to _____ (date) (date)		
2. Date debt was incurred: 15 January 2003 (Invoice 9 - copy attached)		3. If court judgment, date obtained: Not applicable
4. Classification of Claim. Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations.		
<b>Secured Claim.</b> <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral \$ _____ Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____		<b>Unsecured Priority Claim.</b> <input type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> Domestic support obligations - 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000),* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5). <input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____). <small>* Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</small>
<b>Unsecured Nonpriority Claim \$360.65(\$291.53)</b> <input checked="" type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.		
5. Total Amount of Claim at Time Case Filed: <b>\$360.65(\$291.53)</b> (Unsecured)		<b>\$360.65(\$291.53)</b> (Total)
(Total original claim amount converted from Euros into US dollars according to average Interbank Rate 8 October 2005 - see attached) * If all or part of your claim is secured or entitled to priority, also complete Item 5 or 7 below. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.		
6. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. 7. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. 8. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim		This Space For Court Use Only
Date: <b>01 03 06</b>	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any) 	

Penalty for presenting fraudulent claim: Fine up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571

390125966374

390125966374

P. 43/64

Spett.le

DELPHI AUTOMOTIVE SYSTEMS  
ATTN. ACCOUNT PAYABLE N.I. CORP. DEN  
16904 PO BOX 9008 KOKOMO IN USA

€16.800 I.V.

EUR



Direzione, Sede e Stabilimento:

11020 ARNAD (AO) - Via Nazionale, 11  
Tel. 0125 968.511 - Fax 0125 966.374

E-mail: mail@gruppo-tecnomec.com

Registro Imprese di Aosta n° Iscrizione e C. F. 00041600073

R.E.A. n. 31119 AOSTA - Part. IVA: 00041600073 - VAT n. IT 00041600073

STAMPAGGIO LAMIERA  
COSTRUZIONE STAMPI  
COSTRUZIONI MECCANICHE

Cod. Fornitore: 823848

PARITIVA IVA CLIENTE

CODICE CLIENTE

010451

FATTURA

DATA

15/01/2003

NUMERO

9

FATTURA

DATA

15/01/2003

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390125966374

VIA LATINATE, 98-100

20017 RHO MI

Tel: 02935341 Fax: 293502168

Mitante - Shipper mittente 145604

TECNOMEC SRL

VIA NAZIONALE, 11

11020 ARNAD AO

Destinatario - Consignee destinatario 998

DELPHI DELCO ELECTRONICS SYSTEMS

PLT74 CUNEO SERVICE

1125 E.VAILE

KOKOMO, IN 46902 -USA

Notifica - Notify

**PANALPINA**  
on 6 continents

PAGINA N. 1

Trasmissione documenti

Originale

145604

TECNOMEC SRL

VIA NAZIONALE, 11

11020 ARNAD AO

## SPEDIZIONE VIA: MARE EXPORT

RHO

16/07/03 Ora 12:07

Date - Data	Nostro Riferimento - Our reference	Vostro Riferimento - Your reference	B/L or AWB No.	Rep. - Degr.
20/01/03	SPL 487429	INV.9 15.01.03	CCC 00000000	SPL/MEX/BIASSONT
Rassegna - Delivery terms	Assicurazione - Insurance	Dogana - Customs point		

EX WORK

A Mezzo - By	Il - Date	Da - From	Per - To
TBN VIA ANVERS	24.01.2003	ANTWERP	CHICAGO

Unità di carico	Urgenza: normale	Marche e numeri			
Targa	N/T colli	Contenuto	Kg lordi	Valore	Merco
		DELPHI DELCO SYSTEMS	M3	0,040 EUR	291,53
		INV.9 15.01.03			
		2 CARTONS	0,32 X 0,20 X 0,32	20,00	
		KOKOMO, IN 46902			
		AUTO SPARE PARTS			
		EN 9357221- 600 PCS			

Tot.Colli 2

Tot.Peso 20,00

Con riferimento alla suddetta spedizione con la presente Vi trasmettiamo la seguente documentazione.

Allegati:

BOLLA DOGANALE NR. 163 EX/EG DD 230103

Panalpina Spa

All agreements and forwarding shipping orders are subject to our general terms and conditions. After 30 days without receiving any claim, our invoice is considered as tacitly approved.

Tutti gli accordi e gli ordini di spedizione si intendono sottoposti alle nostre condizioni generali. Trascorsi 30 giorni senza ricevere alcun reclamo, la fattura è intesa tacitamente approvata.

COMUNITA EUROPEA

390125966374

1 DICHIARAZIONE

163 EX/EG 23/01/03

PANALPINA S.P.A.

AUT. MIN. N. 0167/CS

3

2 Spedite / Esportatore

TECNOMEC SRL  
VIA NAZIONALE 11  
11020 ARNAD

CST

EX 1

3 Formulati

5 Articoli

4 Dist. di carico

6 Totale dei colli

7 Numero di riferimento

00745260158/547226/Y

8 Destinataria

9 Responsabile finanziario

252500

23/01/03

10 Paese prima

11 Paese di transizione

13 P.A.C.

14 Dichiarante/Rappresentante

00745260158

15 Paese di spedizione / esportazione

ITALIA

16 Paese di origine

USA

18 Identità e nazionalità del mezzo di trasporto alla partenza

MARE

19 Ctr.

20 Condizioni di consegna

EXW

FRANCO FABBRICA PARTENZA

21 Identità e nazionalità del mezzo di trasporto attivo che attraversa la frontiera

22 Moneta ed importo totale fatturato

291.53

23 Tasso di cambio

1.000

24 Natura della transazione

1.1

25 Modo di trasporto

26 Modo di trasporto

27 Luogo di carico

28 Dati finanziari e bancari

PROTOCOLLO N.

15

DEL

23/01/03

29 Ufficio di uscita

111107

30 Localizzazione delle merci

31 (Merche e numeri - N. contenitori - Quantità e natura

32 Articolo

01 N.

33 Codice della merce

73269097

90

COLLI 2

LAVORI DI FERRO

34 Cod. P. di origine

LAO

35 Massa lorda (kg)

20.00

37 REGIME

10.00

38 Massa netta (kg)

18.00

39 Contingenti

40 Dichiarazione sommaria / Documento precedente

41 Unità supplementari

Codice MS

46 Valore statistico

201.53

44 Menzioni speciali / Documenti presentati / Certificati ed autorizzazioni

FT.9 DEL 150103

AIR SEA BROKER BELGIUM

Naamloze Vennootschap

Noorderlaan 133 - 2030 Antwerpen

218

RET EXP

47 Calcolo delle imposizioni

Tipo

Base imponibile

48 Dilazione di pagamento

49 Identificazione del deposito

S

50 DATI CONTABILI

EXPORT

50 Obbligato principale

N.

Firma:

C UFFICIO DI PARTENZA

AIR SEA BROKER BELGIUM

Naamloze Vennootschap

Noorderlaan 133 - 2030 Antwerpen

218

163

EX/EG

23/01/03

51 Ufficio di passaggio previsti (e paesi)

rappresentato da:

Luogo e data:

FREJUS

52 Garanzia non valida per

Codice

53 Ufficio di destinazione (e paese)

ANVERSA

D CONTROLLO DELL'UFFICIO DI PARTENZA

Timbro:

54 Luogo e data:

MILANO

23/01/03

Firma e nome del dichiarante / rappresentante:

Risultato:

PROCEDURA SEMPLIFICATA AUT. MIN. 0167/CS

Suggeriti apposti: Numero:

marca: PANALPINA RHO

PANALPINA SPA

Termine (data limite):

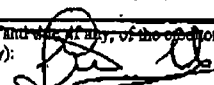
Firma:

PANALPINA SPA

DELOTTI EUGENIO

ESCE



<b>United States Bankruptcy Court Southern District Of New York</b>		<b>PROOF OF CLAIM</b>
Name of Debtor <b>DELPHI AUTOMOTIVE SYSTEMS LLC</b> trading as Delco Electronics Systems		Case Number <b>05-44640</b>
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.		
Name of Creditor (The person or other entity to whom the debtor owes money or property): <b>TECNOMEC S.r.l.</b>		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.  <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case.  <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.
Name and Address where notices should be sent:  <b>TECNOMEC S.r.l.</b> <b>Via Nazionale 11</b> <b>Regione Remise</b> <b>11020 Arnad (AO)</b> <b>ITALY</b>		
Telephone number: <b>00 39 0125 968 511</b>		This Space For Court Use Only
Account or other number by which creditor identifies debtor: Customer Number <b>010951</b>		Check here if this claim <input type="checkbox"/> replaces or <input type="checkbox"/> amends a previously filed claim dated: _____
<b>1. Basis for Claim</b> <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Last four digits of SS #: _____ Unpaid compensation for services performed from _____ to _____ <input checked="" type="checkbox"/> Other – costs of material for cancelled Opel Radio Program pursuant to Purchase Order EKS41566		
<b>2. Date debt was incurred:</b> 31 January 2002 (Invoice 357 & Purchase Order EKS41566 – copies attached)		<b>3. If court judgment, date obtained:</b> Not applicable
<b>4. Classification of Claim.</b> Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations.		
<b>Secured Claim.</b> <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral \$ _____ Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____		<b>Unsecured Priority Claim.</b> <input type="checkbox"/> Check this box if you have an unsecured priority claim. Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> Domestic support obligations - 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5). <input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____). <small>* Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</small>
<b>Unsecured Nonpriority Claim \$24,742 (€20,000).</b> <input checked="" type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or c) none or only part of your claim is entitled to priority.		
<b>5. Total Amount of Claim at Time Case Filed: \$24,742 (€20,000) (Unsecured)</b> (Total original claim amount converted from Euros into US dollars according to average Interbank Rate 8 October 2005 – see attached) * If all or part of your claim is secured or entitled to priority, also complete Item 5 or 7 below. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.		
<b>6. Credits:</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. <b>7. Supporting Documents:</b> Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. <b>8. Date-Stamped Copy:</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.		This Space For Court Use Only
Date: <b>01 03 06</b>	Sign and print the name and title of you, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any): 	

Penalty for presenting fraudulent claim: Fine up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571

Spazio

DELPHI AUTOMOTIVE SYSTEMS  
ATTN. ACCOUNT PAYABLE N.I. CORP. CEN  
46004 PO BOX 9005 KOKOMO IN USASTAMPAGGIO LAMIERA  
COSTRUZIONE STAMPI  
COSTRUZIONI MECCANICHE

**TECNOMEC** S.r.l. Cap. Soc. L. 800.000.000 I.V.  
Direzione, Sede e Stabilimento:  
11020 ARNAD (AO) - Reg. Remise - Via Nazionale, 11  
Tel. 0125 968.511 - Fax 0125 966.374  
Deposito e Recupilo:  
10095 GRUGLIASCO (TO) - C.so C. Allamano, 19 - Tel. 011 784.398  
Registro Imprese Tribunale Aosta n. AO 003957 - R.E.A. n. 31119 AOSTA  
Cod. Fisc./Part. IVA: 00041600073 - VAT n. IT 00041600073



Cod. Fornitore: 87384

FATTURA	
DATA	NUMER
11/01/2007	15

## COMMENTO FATTURA

ORDER NO. EKS41556 23/02/01

Pag.

1

N. ORDINE	CODICE ARTICOLO	DESCRIZIONE	U.M.	QUANTITA'	PREZZO	IMPORTO	D.D.T.		% IV
							NUMERO	DATA	
		ORDER NO. EKS41556 23/02/01 TO YOUR DEBIT FOR REPAIRING MATERIAL AFTER CANCELLATION OF THE OPEL RADIO PROGRAM VALUTA: EURO				20.000,00			NI

390125966374

NI

BANCA D'AFFOSSIC		SCARICO CALVORAZIONE		RIEPIGNOH I.V.A.		TOTALE IMPOSSIBILE	
		DATA	NUMERO	IMPOSSIBILE	% ALIQUOTA	IMPOSTA	20.000,00
					20.000,00	NI	Non Imp. Art. 8
					TOTALE IMPOSTA		
					BOLLI		

CONDIZIONI DI PAGAMENTO				
Ripresa diretta 60 gg fine mese				
IMPORTO	SCAD. 1° DATA	SCAD. 2° DATA	SCAD. 3° DATA	SCAD. 4° DATA

TOTALE FATTURA	20.000,00
SEGO	

SPESA TRATTA	BOLLI

PER I PAGAMENTI OLTRE I TERMINI CONTRATTATI DECORRONO  
GLI INTERESSI DI MORIA Contributo Ambienale COMAI Assalto ove dovuto

RICEVUTO 24 APR 2007

DELCO ELECTRONICS SYSTEMS  
 ONE CORPORATE CENTER  
 P.O. BOX 9005  
 KOKOMO IN  
 46904-9005

SHIP TO:

NO SHIPMENT

**PURCHASE**  
**ORDER: EKS41566**

PAGE

US

US

INVOICE NOT REQUIRED-PAID BY  
 PLANT ACTION. INVOICE ONLY IF  
 INSTRUCTED BY ORDER-CLAUSES.  
 COMPLIANCE IS VITAL-DELPHI-D  
 KOKOMO IN  
 46904

VENDOR NUMBER 42-868-8766  
 TECNOMEC SRL  
 VIA NAZIONALE 11  
 REG REMISE  
 ARNAD IT  
 11029  
 ITALY

TO:

INVOICE TO:

US

INVOICE NOT REQUIRED-PAID BY  
 PLANT ACTION. INVOICE ONLY IF  
 INSTRUCTED BY ORDER-CLAUSES.  
 COMPLIANCE IS VITAL-DELPHI-D  
 KOKOMO IN  
 46904

DESTINATION UNLESS OTHERWISE INDICATED

FOB ORIGIN, FREIGHT COLLECT

SHIP VIA AS DIRECTED

ORDER DATE 01/23/02

ALTERATION ISSUE DATE

ALTERATION EFFECTIVE DATE

PHONE: 033149904

V GRANDMAISON

FF2 Buyer

PURCHASING AC

ITEM IDENTIFICATION NO

QUANTITY ORDERED

DESCRIPTION

RFQ NUMBER

DATE REQUIRED

TAX CODE/ %

BASE UNIT PRICE

PAK MULTI

NET 2ND DAY OF 2ND MONTH

ITEM SEQUENCE

TO

THIS IS A REPRINT DOCUMENT REQUESTED BY 39-0125-966374DING

THIS ORDER IS LISTED IN THE FOLLOWING CURRENCY  
 EUR EUROPEAN CURRENCY UNIT

DO NOT INVOICE FOR SHIPPED MATERIAL. DELPHI-D IS  
 'PAY ON RECEIPT', AND INVOICES ARE NOT REQUIRED.

INVOICES ARE REQUIRED AND MUST BE SUBMITTED FOR  
 SERVICES AND ITEMS WHICH ARE NOT SHIPPED.

PLEASE SUBMIT THESE TO:  
 DELPHI DELCO ELECTRONICS SYSTEMS  
 ATTN: MANUAL RECEIPTS PROCESSING MS-A241  
 P O BOX 9005  
 KOKOMO, IN 46904-9005

\*\*\*CALIFORNIA SHIPMENTS\*\*\* - DELPHI-D DOES NOT  
 HAVE A DIRECT PAYMENT PERMIT IN CALIFORNIA.  
 DELCO DOES HAVE DIRECT PAY PERMITS IN INDIANA,  
 MICHIGAN, TEXAS AND WISCONSIN.

24/1/02 OK Gelli

Alexandra

588

4000000 USER NICOLE I MEY

Automotive Systems

DELCO ELECTRONICS SYSTEMS  
 ONE CORPORATE CENTER  
 P.O. BOX 9005  
 KOKOMO IN  
 46904-9005

VENDOR NUMBER 42-868-8768  
 TECNOMEC SRL  
 VIA NAZIONALE 11  
 REG REMISE  
 ARNAD IT  
 11029  
 ITALY

TO:

SHIP TO: NO SHIPMENT

US

INVOICE NOT REQUIRED-PAID BY  
 PLANT ACTION. INVOICE ONLY IF  
 INSTRUCTED BY ORDER-CLAUSES.  
 COMPLIANCE IS VITAL. DELPHI-D  
 KOKOMO IN  
 46904

US

The shipper is not liable with respect to the goods. The shipper shall be responsible for the goods until they are delivered to the consignee. The consignee shall be responsible for the goods from the time of delivery. The shipper shall be responsible for the goods until they are delivered to the consignee. The consignee shall be responsible for the goods from the time of delivery. The shipper shall be responsible for the goods until they are delivered to the consignee. The consignee shall be responsible for the goods from the time of delivery.

**PURCHASE** PAGE  
**ORDER:** EKS41566

This Number Must Appear On All Invoices, Packing Slips,  
 Packages and Bills of Lading.  
 (2) copies of your packing slip must accompany each shipment.  
 Item Identification Number(s) must be shown on Packing Slips  
 Invoices.  
 Invoice A/R Accounts Payable  
 Do not Declare Valuation of Express Shipments or Insure Parcels.  
 Past.

ORDER DATE 01/23/02	PHONE: 0331499042 V GRANDMAISON
ALTERATION ISSUE DATE	FF2 Buyer
ALTERATION EFFECTIVE DATE	

390125966374

PAYMENT TERMS  
 NET  
 2ND DAY OF 2ND MONTH  
 FOB ORIGIN, FREIGHT COLLECT  
 DESTINATION UNLESS OTHERWISE INDICATED  
 SHIP VIA  
 AS DIRECTED

ITEM SEQUENCE	QUANTITY ORDERED	ITEM IDENTIFICATION NO.	MOON NAME	DESCRIPTION	RFC NUMBER	DATE REQUIRED	TAX CODE/ %	BASE UNIT PRICE	PRC MULTI
<p>YOU MUST PLACE THE FOLLOWING ON YOUR PACKING SLIP:</p> <ul style="list-style-type: none"> <li>- PURCHASE ORDER (ONLY ONE PURCHASE ORDER NUMBER PER PACKING SLIP)</li> <li>- DELPHI-D "ITEM IDENTIFICATION NUMBER (ID)" FROM PURCHASE ORDER FOR EACH DELIVERED ITEM</li> <li>- LIST DELPHI-D DESCRIPTION PER PURCHASE ORDER FOR EACH LINE ITEM DELIVERED FOLLOWED BY YOUR DESCRIPTION IF DESIRED.</li> </ul> <p>ADDITIONAL PACKING SLIP INFORMATION:</p> <ul style="list-style-type: none"> <li>- EACH BOX/CRATE MUST CONTAIN A COMPLETE PACKING SLIP FOR THE ENTIRE DELIVERY</li> <li>- HIGHLIGHT ON THE PACKING SLIP THE APPLICABLE PURCHASE ORDER ITEM IDENTIFICATION NUMBER FOR EACH ITEM LOCATED IN THE BOX/CRATE</li> <li>- PACKING SLIP MUST BE ENCLOSED IN A CLEAR PLASTIC ENVELOPE AND AFFIXED TO THE OUTSIDE (WITH A COPY INSIDE) OF EACH BOX/CRATE.</li> </ul> <p>***** ROUTING: REFER TO ROUTING LETTER DATED 05/21/01 FOR INSTRUCTIONS. CALL DELPHI-D TRANSPORTATION AT (765)451-4078 OR -4079 FOR ADDITIONAL INFORMATION. FREIGHT TERMS ARE 'FOB ORIGIN, FREIGHT COLLECT'. BUYER WILL ONLY PAY FREIGHT CHARGES IF THE SELLER USES THE BUYER SELECTED CARRIER AND SHIPS COLLECT. THE SELLER AGREES TO PAY ALL FREIGHT INVOICES WHEN</p>									

A000000 USER NICOLE T MFY

05-APR-2007 13:54

TECNOMEC SRL

Pg 21 of 69

390125966374

P.33/64

## Automotive Systems

DELCO ELECTRONICS SYSTEMS  
ONE CORPORATE CENTER  
P.O. BOX 9005  
KOKOMO IN  
46904-9005

TO:  
VENDOR NUMBER 42-868-8766  
TECNOMEC SRL  
VIA NAZIONALE 11  
REG REMISE  
ARNAD II  
11029  
ITALY

SHIP TO:

NO SHIPMENT

US

US

INVOICE NOT REQUIRED-PAID BY  
PLANT ACTION. INVOICE ONLY IF  
INSTRUCTED BY ORDER-CLAUSES.  
COMPLIANCE IS VITAL. DELPHI-D  
KOKOMO IN  
46904

INVOICE TO:

US

This order is not binding until accepted. Acceptance shall be evidenced by return of signed copy which should be returned to Buyer.  
On the reverse side of this order, the terms and conditions to which Buyer agrees by acceptance of this order.  
This order, including the terms and conditions on the back, is a contract. It is to be read in conjunction with the contract and the contract shall prevail in the event of any conflict. The contract is to be read in conjunction with the contract and the contract shall prevail in the event of any conflict.  
If Government Contract Number is shown Hereon, additional Terms and Conditions. Attached Herein Apply.

## PURCHASE

PAGE

ORDER: EKS41566

This Number Must Appear On All Invoices, Packing Slips,  
Packages and Bills of Lading.

(2) copies of your packing slip must accompany each shipment.  
Item Identification Number(s) must be shown on Packing Slips  
Invoices.

Invoice Attr Accounts Payable

Do not Declare Valuation of Express Shipments or Insure Parc Post.

ORDER DATE 01/23/02	PHONE: 033149904 V GRANDMAISON
ALTERATION ISSUE DATE	FF2 Buyer
ALTERATION EFFECTIVE DATE	PURCHASING AG

SHIP VIA AS DIRECTED

DESTINATION UNLESS OTHERWISE INDICATED  
FOB ORIGIN, FREIGHT COLLECTPAYMENT TERMS  
NET 2ND DAY OF 2ND MONTH

ITEM SEQUENCE	QUANTITY ORDERED	ITEM IDENTIFICATION NO.	ADJUN NAME	DESCRIPTION	REQ. NUMBER	DATE REQUIRED	TAX CODE/ %	BASE UNIT PRICE	PRIC MULTI
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SELLER DEVIATES FROM BUYER SPECIFIED CARRIER WITHOUT  
PRIOR APPROVAL FROM DELPHI-D TRANSPORTATION.

\*\*\*\*\*

\*\*\*\*\*

DELPHI DELCO ELECTRONICS SYSTEMS EXPECTS TO RECEIVE  
MATERIALS AND/OR SERVICES THAT ARE IN TOTAL CONFORM-  
ANCE WITH THE SPECIFIED REQUIREMENTS ON OUR PURCHASE  
ORDERS.

DELPHI DELCO ELECTRONICS SYSTEMS ALSO EXPECTS 100%  
ON-TIME DELIVERY FROM OUR SUPPLIERS. IF YOU ANTICIPATE  
PROBLEMS IN DELIVERING MATERIALS AND/OR COMPLETING  
SERVICES BY THE DATE SPECIFIED ON OUR PURCHASE ORDER,  
THE BUYER SHOULD BE NOTIFIED IMMEDIATELY.

\*\*\*\*\*

\*\*\*\*\*

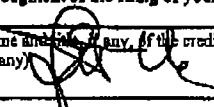
TOOL POSSESSION NOTE - ALL TOOLS COVERED BY THIS  
ORDER SHALL BE THE PROPERTY OF DELPHI DELCO ELECTRON-  
ICS SYSTEMS DIVISION AND SHALL BE PERMANENTLY AND  
LEGIBLY MARKED IN SUCH A MANNER AS TO DENOTE THAT  
TOOLS ARE THE PROPERTY OF DELPHI DELCO ELECTRONICS  
SYSTEMS, FOR USE IN MANUFACTURE OF PARTS EXCLUSIVELY  
FOR US. THEY SHALL BE STORED AND MAINTAINED BY YOU AT  
NO EXPENSE TO US AND SHALL BE SUBJECT TO DELIVERY TO

A000000 USER NICOLE I MEY





390125966374

<b>United States Bankruptcy Court Southern District Of New York</b>		<b>PROOF OF CLAIM</b>
<b>Name of Debtor</b> <b>DELPHI AUTOMOTIVE SYSTEMS LLC trading as Delphi Saginaw Steering Systems</b>		This Space For Court Use Only
<b>Case Number</b> <b>05-44640</b>		
<small>NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.</small>		
<b>Name of Creditor (The person or other entity to whom the debtor owes money or property):</b> <b>TECNOME S.r.l.</b>		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.  <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case.  <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.
<b>Name and Address where notices should be sent:</b> <b>TECNOME S.r.l.</b> <b>Via Nazionale 11</b> <b>Regione Remise</b> <b>11020 Arnad (AO)</b> <b>ITALY</b>		
<b>Telephone number: 00 39 0125 968 511</b>		This Space For Court Use Only
<b>Account or other number by which creditor identifies debtor:</b> <b>Customer Number 010993</b>		Check here if this claim <input type="checkbox"/> replaces or <input type="checkbox"/> amends a previously filed claim dated: _____
<b>1. Basis for Claim</b> <input checked="" type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other _____ <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Last four digits of SS #: _____ Unpaid compensation for services performed from _____ to _____ (date) (date)		
<b>2. Date debt was incurred:</b> 12 August 2005 (Invoice 3361- copy attached) Purchase Order S3S32286		<b>3. If court judgment, date obtained:</b> Not applicable
<b>4. Classification of Claim.</b> Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations.		
<b>Secured Claim.</b> <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral \$ _____ Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____		<b>Unsecured Priority Claim.</b> <input type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> Domestic support obligations - 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5). <input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____). <small>* Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</small>
<b>Unsecured Nonpriority Claim \$7291.83 (€5894.30)</b> <input checked="" type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.		
<b>5. Total Amount of Claim at Time Case Filed: \$7291.83 (€5894.30)(Unsecured)</b> (Total original claim amount converted from Euros into US dollars according to average Interbank Rate 8 October 2005 - see attached) * If all or part of your claim is secured or entitled to priority, also complete Item 5 or 7 below. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.		<b>\$7291.83 (€5894.30)(Total)</b>
<b>6. Credits:</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. <b>7. Supporting Documents:</b> Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. <b>8. Date-Stamped Copy:</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.		This Space For Court Use Only
Date: 01 03 06	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any) 	

Penalty for presenting fraudulent claim: Fine up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571



390125966374



Cap. Soc. € 418.000 I.V.

Direzione, Sede e Stabilimenti:  
11020 ARNAD (AO) - Via Nazionale, 11  
Tel. +39 0125 988.511 - Fax +39 0125 988.374  
E-mail: mail@gruppo-tecnomec.com



**STAMPAGGIO LAMIERA  
COSTRUZIONE STAMPI  
COSTRUZIONI MECCANICHE**

Speciale

DELPHI SAGINAW STEERING SYSTEMS  
3600 HOLLAND ROAD  
48601 SAGINAW MICHIGAN - 48494 U

N° di registrazione a Cod. Fiscale 00041600073

R.E.A. n° 31118 AOSTA - Part. IVA: 00041600073 - VAT n. IT 0041600073

Soggetta a Direzione e Coordinamento ex Art. 2478/bis C.C. da parte di T.H. S.r.l. Arnad (AO) Cod. Fiscale D7741800019

PAGE	CODICE FORNITORE	CODICE CLIENTE	PARTITA IVA CLIENTE	DATA	FATTURA
1		010983		12/08/2005	NUMERO \$381

FATTURA

ORDER 53532288 23/06/05

LINE	CODICE ARTICOLO	DESCRIZIONE	U.M.	QUANTITA	PREZZO	IMPORTO	NUMERO	D.D.T.	DATA	% IVA
0000	28079810	BRACKET - STAFFA COMPLETA	N.	1170,00	2,48000	2.913,30	003691		12/08/2005	NI
0000	28106509	BRACKET RAKE	N.	740,00	0,82000	606,80	003691		12/08/2005	NI
0000	28106510	BRACKET PIVOT	N.	720,00	0,45000	324,00	003691		12/08/2005	NI
0000	28108520	BRACKET INTERLOCK	N.	840,00	0,38000	327,80	003691		12/08/2005	NI
0000	28110384	BRACKET ASM	N.	600,00	1,06000	636,00	003691		12/08/2005	NI
0000	28114358	SHROVA BRACKET - STAFFA	N.	700,00	0,47000	329,00	003691		12/08/2005	NI
0000	28117788	WOODEN CONTAINERS	N.	180,00	1,36000	244,80	003691		12/08/2005	NI
		NET WEIGHT KG 2521		9,00	60,00000	540,00				
		GROSS WEIGHT KG 2521								
		N. OF ITEMS 020								
		CURRENCY: EURO								
		DELIVERY: EXW Arnad								
		SHIP TO:								
		OMNI WAREHOUSE								

SCAD. 1° RATA	SCAD. 2° RATA	SCAD. 3° RATA	SCAD. 4° RATA

AMENTI OLTRE I TERMINI CONTRATTATI DECORRONO  
ESSI DI MORA

SPESA TRATTA	BOLLI

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000 010... 390125966374 ORD 312286

MAN... (PNA) / MOD PAGAN...

**DELPHI**

Saginaw Steering Systems

3900 Holland Road; Saginaw, Michigan 48601-9494 USA

Page: 1 Document Name: untitled

NPT51020  
S3/CZD0DB /E

SPOT BUY ORDER ITEM

LOC : S3  
DATE: 06/23  
TIME: 16:31

SPOT BUY BEG	ALTERATION	VENDOR	CURRENCY
ORDER # SEQ # SEQ DATE/TIME BUYER CODE CODE VERS COMP			
33932286 000 062305 16:10 S18 428688766			EUR Y

ACD AP SEQ # PA/PR NO SEQ ITEM ID	QUANTITY	BASE UNIT PRICE	MULT	N P B
00001 PR413868 001	1170.00	2.4900	1	E
00002 PR413868 002	740.00	0.8200	1	E
00003 PR413868 003	720.00	0.4500	1	E
00004 PR413868 004	840.00	0.3900	1	E
00005 PR413868 005	600.00	1.0600	1	E
00006 PR413868 006	700.00	0.4700	1	E
00007 PR413868 007	800.00	1.3600	1	E

I00003-INQUIRY COMPLETE

PF01: HELP PF04: BLANK SCREEN PF07: MORE ITEMS PF10: VERSION CO  
PF02: GO TO PF05: SPOT HEADER PF08: PREV VERSION PF11: SCROLL FWR  
PF03: PREVIOUS MENU PF06: SPOT SHIP SCH PF09: NEXT VERSION PASSWORD:

rel/reloadfx/doc/word/dl

*Jana S. Hoyer*

# DELPHI

Saginaw Steering Systems

3900 Holland Road, Saginaw, Michigan 48601-9494 USA

Page: 1 Document Name: untitled

NPT45010 ORDER STATUS INQUIRY LOC : S3  
S3/CZD0DB /E DATE: 06/23  
SBO/RL #: S3S32286 BEG SEQ#: ALT #: 000 SHIP TO: 3PI TIME: 16:31  
VENDOR NAME: TECNOMEC SRL VDR NUMBER: 428688766 BUYER: S1  
BUY ITEM ID/PR# SEQ COMMON CD DATE LAST DATE  
PO SEQ #: 00001 U/M PR413868 001 PROM REC # REC'D  
QTY ORD : 1170.00 EA 07/01/05  
QTY REC : 0.00  
QTY CNTR: 0.00 #26079510-31 BRACKET, STRG COE SUPPORT  
CNTR ID :  
ORD STAT: OPEN CRIB: LPT N/R: DIR CHARGE: RIP: CHEM CD:  
WHO ORD: BATTEN 989 757-9007

BUY ITEM ID/PR# SEQ COMMON CD DATE LAST DATE  
PO SEQ #: 00002 U/M PR413868 002 PROM REC # REC'D  
QTY ORD : 740.00 EA 07/01/05  
QTY REC : 0.00 #26079509-06K BRACKET, RAKE  
QTY CNTR: 0.00  
CNTR ID :  
ORD STAT: OPEN CRIB: LPT N/R: DIR CHARGE: RIP: CHEM CD:  
WHO ORD: BATTEN 989 757-9007

M

PF01: HELP PF04: BLANK SCREEN PF07: STOCK STATUS PF10: PR ITEM  
PF02: GO TO PF05: RECEIPT HDR PF08: ITEM REC INQ PF11: SCROLL FWR  
PF03: PREVIOUS MENU PF06: ORD REC INQ PF09: ITEM ORD INQ PASSWORD:

rel/relordfx/doc/word/d1

*Tara Stokely*

390125966374

# DELPHI

Saginaw Steering Systems

3900 Holland Road, Saginaw, Michigan 48601-9494 USA

Page: 1 Document Name: untitled

NPT45010 ORDER STATUS INQUIRY LOC : S3  
S3/CZDODB /E DATE: 06/23  
SBO/RL #: 33832286 BEG SEQ#: ALT #: 000 SHIP TO: 3PI TIME: 16:32  
VENDOR NAME: TECNOMECSRL VDR NUMBER: 428688766 BUYER: S1  
PO SEQ #: 00003 BUY ITEM ID/PR# SEQ COMMON CD DATE LAST DATE  
U/M PR413868 003 FROM REC # REC'D  
QTY ORD : 720.00 EA 07/01/05  
QTY REC : 0.00 26106510-04C BRACKET, PIVOT  
QTY CNTR: 0.00  
CNTR ID :  
ORD STAT: OPEN CRIB: LPT N/R: DIR CHARGE: RIP: CHEM CD:  
WHO ORD: BATTEN 989 757-9007  
PO SEQ #: 00004 BUY ITEM ID/PR# SEQ COMMON CD DATE LAST DATE  
U/M PR413868 004 FROM REC # REC'D  
QTY ORD : 840.00 EA 07/01/05  
QTY REC : 0.00 26106520-05M BRACKET INTERLOCK  
QTY CNTR: 0.00  
CNTR ID :  
ORD STAT: OPEN CRIB: LPT N/R: DIR CHARGE: RIP: CHEM CD:  
WHO ORD: BATTEN 989 757-9007

M

PF01: HELP PF04: BLANK SCREEN PF07: STOCK STATUS PF10: PR ITEM  
PF02: GO TO PF05: RECEIPT HDR PF08: ITEM REC INQ PF11: SCROLL FWR  
PF03: PREVIOUS MENU PF06: ORD REC INQ PF09: ITEM ORD INQ PASSWORD:

rel/reloadfx/doc/word/dl

*Tara D. Hoke*

# DELPHI

## Saginaw Steering Systems

3900 Holland Road, Saginaw, Michigan 48601-9494 USA

Page: 1 Document Name: untitled

NPT45010  
S3/CZD0DB /E  
SBO/RL #: ~~WSS32286~~ BEG SEQ#: ALT #: 000 SHIP TO: 3PI LOC : S3  
VENDOR NAME: TECNOMECSRL VDR NUMBER: 428688766 BUYER: S1 DATE: 06/23  
TIME: 16:32  
BUY ITEM ID/PR# SEQ COMMON CD DATE LAST DATE  
U/M PR413868 005 PROM REC # REC'D  
07/01/05  
QTY ORD : 600.00 EA 26110364-03D BRACKET ASM. SUPPORT  
QTY REC : 0.00  
QTY CNTR: 0.00  
CNTR ID :  
ORD STAT: OPEN CRIB: LPT N/R: DIR CHARGE: RIP: CHEM CD:  
WHO ORD: BATTEN 989 757-9007

BUY ITEM ID/PR# SEQ COMMON CD DATE LAST DATE  
U/M PR413868 006 PROM REC # REC'D  
07/01/05  
QTY ORD : 700.00 EA 26114356-06H SHROUD, BRACKET  
QTY REC : 0.00  
QTY CNTR: 0.00  
CNTR ID :  
ORD STAT: OPEN CRIB: LPT N/R: DIR CHARGE: RIP: CHEM CD:  
WHO ORD: BATTEN 989 757-9007

PF01: HELP PF04: BLANK SCREEN PF07: STOCK STATUS PF10: PR ITEM  
PF02: GO TO PF05: RECEIPT HDR PF08: ITEM REC INQ PF11: SCROLL FWR  
PF03: PREVIOUS MENU PF06: ORD REC INQ PF09: ITEM ORD INQ PASSWORD:

rel/reloadfx/doc/word/dl



390125966374

**Da:** Paola Strazza  
**Inviato:** giovedì 11 agosto 2005 10.26  
**A:** Elisa Pramotton  
**Cc:** Osvaldo Tappero  
**Oggetto:** I: PO S3S32286 - 26106509, 26106510... Etc

Nella fattura de emettere a DELPHI USA per la merce in partenza venerdì 12/08 vanno aggiunti i costi per le casse legno.  
E' stato concordato col cliente 60€ a cassa legno, dovrebbero essere 9 casse. Mettere nelle note "9 wooden containers"

Grazie  
Paola

-----Messaggio originale-----

**Da:** alexis.bour [mailto:alexis.bour@delphi.com]  
**Inviato:** mercoledì 10 agosto 2005 16.14  
**A:** Paola Strazza  
**Cc:** Gokey, Tara S; Olson, Dennis  
**Oggetto:** RE: PO S3S32286 - 26106509, 26106510,.. Etc

Yes.

**Alexis Bour**  
Metallic Commodity Manager  
Delphi - Steering

**Da :** Paola Strazza [mailto:paola.strazza@gruppotecnomec.com]  
**Envoyé :** mercredi 10 août 2005 15:31  
**A :** Bour, Alexis  
**Objet :** R: PO S3S32286 - 26106509, 26106510... Etc

We are going to send all quantities a part from PN 26117788 which will be only partially delivered.  
Should we add the containers cost on the invoice?

Thanks and regards  
Paola Strazza  
Logistic dept Tecnomec

**Da:** alexis.bour [mailto:alexis.bour@delphi.com]  
**Inviato:** mercoledì 10 agosto 2005 15.10  
**A:** Paola Strazza  
**Cc:** Dugdale, Robert  
**Oggetto:** RE: PO S3S32286 - 26106509, 26106510... Etc

We will pay for the containers but I need you to confirm that you will ship the full volume (cf my email of yesterday).

Thanks,

**Alexis Bour**  
Metallic Commodity Manager  
Delphi - Steering

**Da :** Paola Strazza [mailto:paola.strazza@gruppotecnomec.com]  
**Envoyé :** mercredi 10 août 2005 14:39  
**A :** Osvaldo Tappero; Gokey, Tara S  
**Cc :** Curler, Amanda; Batten, Lin R; Olson, Dennis ; Lake, Tom; Stearns, David J; Toth,

Jeffrey ; Dugdale, Robert; Bour, Alexis

**Objet :** R: PO S3S32286 - 26106509, 26106510... Etc

Hi Tara,

we are organizing the shipment of parts required but I have some problem with the packaging.

For PN 26079510, 26110364 and 26114356 we should use wooden container because the parts are very heavy and large.

Of course this causes an increase in costs. The wooden containers cost 60€/each and for the above mentioned parts we are going to use 9/10 containers.

Please let me know how can I manage this problem. I'd like to send the goods on Friday 12th.

I wait for your kind replay.

BR

Paola Strazza

**From:** Gokey, Tara S

**Sent:** Monday, July 18, 2005 12:14 PM

**To:** 'osvaldo.tappero@gruppotecnomec.com'

**Cc:** Cúrler, Amanda; Batten, Lin R; Olson, Dennis ; Lake, Tom; Stearns, David J; Toth, Jeffrey ; Dugdale, Robert

**Subject:** RE: PO S3S32286 - 26106509, 26106510... Etc

Osvaldo TAPPERO

Please ship the parts to ...

Omni Warehouse  
966 Bridgeview South  
Saginaw, MI 48604

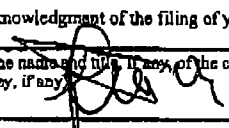
Please ship DHL, using DHL account number 960320293. I do not think that there is a VAT number, but I am not sure. On the email below, you state that you want us to send you the money before you send the parts. We can not do that. Our payment terms are 2nd day, 2nd month. It takes about 60 + 2 days for the payment.

Tara Gokey  
Delphi Steering  
989-757-3872



390125966374

10

<b>United States Bankruptcy Court Southern District Of New York</b>		<b>PROOF OF CLAIM</b>
<b>Name of Debtor</b> <b>DELPHI AUTOMOTIVE SYSTEMS LLC trading as Delphi Saganaw Steering Systems</b>		<b>Case Number</b> <b>05-44640</b>
<small>NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.</small>		
<b>Name of Creditor (The person or other entity to whom the debtor owes money or property):</b> <b>TECNOMEC S.r.l.</b>		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.  <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case.  <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.
<small>Name and Address where notices should be sent:</small> <b>TECNOMEC S.r.l.</b> <b>Via Nazionale 11</b> <b>Regione Remise</b> <b>11020 Arnad (AO)</b> <b>ITALY</b>		
<b>Telephone number: 00 39 0125 968 511</b>		This Space For Court Use Only
<b>Account or other number by which creditor identifies debtor:</b> <b>Customer Number 010993</b>		Check here if this claim <input type="checkbox"/> replaces or <input type="checkbox"/> amends a previously filed claim dated: _____
<b>1. Basis for Claim</b> <input checked="" type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other _____		
<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Last four digits of SS #: _____ Unpaid compensation for services performed from _____ to _____ (date) (date)		
<b>2. Date debt was incurred:</b> 18 August 2005 (Invoice 3362 - copy attached) Purchase Order S3S32286		<b>3. If court judgment, date obtained:</b> Not applicable
<b>4. Classification of Claim.</b> Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations.		
<b>Secured Claim.</b> <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral \$ _____ Amount of prearrange and other charges at time case filed included in secured claim, if any: \$ _____		<b>Unsecured Priority Claim.</b> <input type="checkbox"/> Check this box if you have an unsecured priority claim. Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> Domestic support obligations - 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5). <input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____). <small>* Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</small>
<b>Unsecured Nonpriority Claim \$1076.77 (€870.40)</b> <input checked="" type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.		
<b>5. Total Amount of Claim at Time Case Filed: \$1076.77 (€870.40) (Unsecured)</b> (Total original claim amount converted from Euros into US dollars according to average Interbank Rate 8 October 2005 - see attached) * If all or part of your claim is secured or entitled to priority, also complete Item 5 or 7 below. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.		
<b>6. Credits:</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. <b>7. Supporting Documents:</b> Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. <b>8. Date-Stamped Copy:</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim		This Space For Court Use Only
Date: 02.03.06	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any) 	

Penalty for presenting fraudulent claim: Fine up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571

Spett.le  
 DELPHI SAGINAW STEERING SYSTEMS  
 3900 HOLLAND ROAD  
 48801 SAGINAW MICHIGAN - 48494 U



**STAMPAGGIO LAMIERA  
 COSTRUZIONE STAMPI  
 COSTRUZIONI MECCANICHE**

**TECNOMEC S.r.l.** Cap. Soc. € 418.000 I.V.

Direzione, Sede e Stabilimento:  
 11020 ARNAD (AO) - Via Nazionale, 11  
 Tel. +39 0125 966.511 - Fax +39 0125 966.374  
 E-mail: mail@gruppo-tecnomec.com

N° di registrazione e Cod. Fiscale 00041800073  
 R.E.A. n° 31119 AOSTA - Part. IVA: 00041800073 - VAT n. IT 0041800073  
 Soggetta e Direzione e Coordinamento ex Art. 2470/bis C.C. da parte di T.H. S.r.l. Arnad (AO) Cod. Fiscale 07741990019

COMPLETO FATTURA

PODER SSS32288 2308005

PAG.	CODICE FORNITORE	CODICE CLIENTE	PARTITA IVA CLIENTE	DATA	NUMERO
2		010983		18/08/2005	3382

POORDER 53532236 Z3108105											
N. ORDINE	CODICE ARTICOLO	DESCRIZIONE	U.M.	QUANTITÀ	PREZZO	IMPORTO	NUMERO	D.D.T.	DATA	% IVA	
		preferential origin.  Dichiaro sotto la mia piena e personale responsabilità ed in presenza dei clienti della società destinataria, che il presente documento non può essere usato a meno che per la presente società non sia stato in precedenza fornito il consenso scritto via fax o e-mail dell'impresa da me rappresentata, la relazione rappresentativa per cui è stata concessa la mia spesa.  Ai sensi dell'articolo 11 del D.M. 12-3-1931 dichiaro che i documenti allegati sono veri e propri e che sono del tutto esenti da ogni responsabilità circa la validità del loro contenuto / 555 commerciale  TECNOMEC s.r.l.  ELISA PRAMOTTON ARNAD 18/08/05 <i>Elise Pramotton</i>									

TOTALE IMPONIBILE	870,40
TOTALE IMPOSTA	
BOLLI	
TOTALE FATTURA	870,40

REPILORI IVA	IMPOSTA
IMPOSTA	870,40
% ALIQUOTA	NI
Operazione non imponibile ai sensi Art. 8, D.P.R. 633 del 26.10.72 e successive modificazioni.	Non Imp. Art. 8
SPESA TRATTA	BOLLI
	EURO

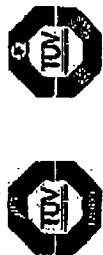
SCARICO DI LAVORAZIONE	NUMERO
DATA	

BANCA D'APPOGGIO	
CONDIZIONI DI PAGAMENTO	
R.D. ricevimento fattura	
IMPORTO	
SCAD. 1° RATA	SCAD. 2° RATA
SCAD. 3° RATA	SCAD. 4° RATA

PER I PAGAMENTI OLTRE I TERMINI CONTRATTATI DECORRONO  
 GLI INTERESSI DI MORA

Contributo Ambientale CONAI Assolto ove dovuto

**Spazio**  
 DELPHI SAGINAW STEERING SYSTEMS  
 3900 HOLLAND ROAD  
 48801 SAGINAW MICHIGAN - 48494 U



**STAMPAGGIO LAMIERA  
 COSTRUZIONE STAMPI  
 COSTRUZIONI MECCANICHE**

Cap. Soc. € 418.000 I.V.

**TECNOMEC** s.r.l.

Direzione, Sede e Stabilimento:

11020 ARUAD (AO) - Via Nazionale, 11

Tel. +39 0125 848.611 - Fax +39 0125 846.374

E-mail: mail@gruppo-tecnomec.com

N° di registrazione e Cod. Fiscale 00041900073

R.E.A. n° 11119 AOSTA - Part. IVA: 00041600073 - VAT n. IT 004560073

Sede e Direzione in Coordinamento ex Art. 2479/bis C.C. da parte di T.H. S.r.l. Anad (AO) Cod. Fiscale 07741950019

COMPLETO FATTURA

PORDIER S3S32280 2306106

PAG.	CODICE FORNITORE	CODICE CLIENTE	PARTITA IVA CLIENTE	FATTURA
1		010993		DATA 18/08/2005 NUMERO 3382

N. ORDINE	CODICE ARTICOLO	DESCRIZIONE	U.M.	QUANTITA'	PREZZO	IMPORTO	NUMERO	D.D.T.	DATA	% IVA
032286 0000	25117788	BRACKET ASS.- STAFFA C. NET WEIGHT KG 314 GROSS WEIGHT KG 350 N. OF ITEMS 002 CURRENCY: EURO DELIVERY: EXW Anad SHIP TO: OMNI WAREHOUSE 868 BRIDGEVIEW SOUTH SAGINAW, MI 48804 The exporter of the products covered by this document declares that except where otherwise clearly indicated, these products are of Italy	N.	640,80	1,36000	870,40	003689		18/08/2005	NI
*** SEGUE ***										

BANCA D'APPOGGIO			
CONDIZIONI DI PAGAMENTO			
IMPORTO	SCAD. 1° RATA	SCAD. 2° RATA	SCAD. 3° RATA
			SCAD. 4° RATA

PER I PAGAMENTI ULTRE I TERMINI CONTRATTATI DECORRONO  
 GLI INTERESSI DI MORA

SCARICO DI LAVORAZIONE	
DATA	NUMERO

RIEPILOGHI IVA	
IMPONIBILE	% ALIQUOTA
	IMPOSTA

TOTALE IMPONIBILE
TOTALE IMPOSTA
BOLLI

SPESA TRATTA
BOLLI

TOTALE FATTURA
----------------

**Lettera di Vettura**  
 (Non negoziabile)

<b>1. Mittente</b>	
Codice cliente <b>960320293</b>	Nome mittente in stampatello <b>BONZELLO</b>
No. di cliente 1 prima 12 caratteri verranno riportati sulla lettera	
Regione esdiale <b>TECNOMEC SRL</b>	
Indirizzo <b>VIA NAZIONALE 11 ARNAB (AO)</b>	
PARTITA IVA PER CLIENTI C&B	
C.A.B. <b>11020</b>	Tel / Fax / E-mail specificare quello
<b>2. Destinataria</b>	
Regione esdiale <b>DELPHI USA</b>	
Indirizzo DHL non effettuare consegna alle C.R. <b>ORNIWAREHOUSE</b>	
<b>966 BRIDGEVIEW SOUTH</b>	
<b>SAGINAW (MI)</b>	
C.A.B. <b>48604</b>	Paese <b>U.S.A.</b>
RA numero aperto <b>INTRA GOREY</b>	Tel / Fax / E-mail specificare quello
<b>3. Condizioni di trasporto</b>	
Unità di misura espressamente in base alle condizioni governative di trasporto operate sul loro e di quanto specificato nell'art. 1341 § 1412 c.c. dove sono riportate le condizioni di trasporto, 11, 12, 13, 14, 15, 16, 17 e 21.	
Firma del mittente <b>Bonzello</b>	Data <b>19/08/05</b>

5238833272  
 Codice a barre numero di spedizione in ogni richiesta



**3. Dettaglio della spedizione**

I servizi e i tipi di pagamento non sono disponibili in tutti i paesi

Servizi	Spese di trasporto in partenza di indicazione servizio a carico del mittente
<input type="checkbox"/> DOCUMENT	<input type="checkbox"/> Mitigare
<input checked="" type="checkbox"/> WORLDWIDE PARCEL EXPRESS	<input type="checkbox"/> Consegna/trasporto di cristallino
<input type="checkbox"/> EUROPEAN COMMUNITY EXPRESS	<input type="checkbox"/> Solo per clienti abituali
<input type="checkbox"/> EXPRESS DOCUMENT max 150 gr	<input checked="" type="checkbox"/> Con servizi di interazione all'estero
<input type="checkbox"/> NAZIONALE	<input type="checkbox"/> Pochi assegnati (trasporti esclusi)
<input type="checkbox"/> WORLDMAIL	<input type="checkbox"/> Assicurazione ved. altro
1° classe / 2° classe / specificare	<input type="checkbox"/> SI <input type="checkbox"/> NO
<input type="checkbox"/> ALTRI SERVIZI	specificare

**4. RIF. BOLLA DI ACCOMPAGNAMENTO**

Descrizione del contenuto  
**PARTI AUTO**

Solo spedizioni internazionali worldwide express  
 Alloggio futuro contrattato o problema su un caso misto in quanto caso

Valore doganale dichiarato specificare valore  
**€ 870.40**

Valore doganale dichiarato specificare valore  
**Paola IVA del mittente**

Valore doganale dichiarato specificare valore  
**Paola IVA del mittente**

Tipi di esportazione ☐ PERMANENTE ☐ RIESPORTAZIONE ☐ TEMPORANEA

Quasi doganali a carico e carico del mittente su non fiscale  
☐ Destinataria ☐ Mittente ☐ Altri

PT11/01 IT

05-APR-2007 13:59

TECNOMEC SRL Pg 37 of 69

390125966374

P.62/64

390125966374



APESCE

DOGANA DI ORIO AL SERIO (DG)

Merce esportata con bolletta cumulativa  
raggruppata in possesso del corriere aereo  
DHL Express (Italy) Srl Orio al Serio (BG)

(Circ. 290/73 - Prot. 31030/10 24/3/73 D.G.D.) HAND: 5238833272

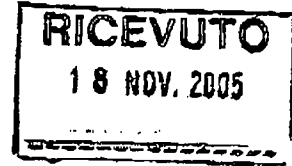
Ex 1 N. 3994 19/08/2005

-N. reg. neco. 49916P 22/08/2005

Operazione effettuata in procedura domiciliata

PS - AUT. MIN. MI/23/SK COD. NEC. 298N

Per DHL Express (Italy) Srl  
p. d. Fabio Ascherio



Spett.

TECNOMEC

VIA NAZIONALE 11 REG. REMISE

10020 ARNABO

AD

Merce uscita dal territorio doganale U.E. come da  
U. usolare apposto dalla Dogana di Orio al Serio  
In data 20/08/2005 sulla bolletta Ex 1 sopra indicata  
Circ. 185/D prot. 1031/U 27/06/1997 D.G.D.



32

390125966374

United States Bankruptcy Court Southern District Of New York		PROOF OF CLAIM
<b>Name of Debtor</b> DELPHI AUTOMOTIVE SYSTEMS LLC trading as Delphi Automotive Systems Prototype Operations and Delphi Saginaw Steering Systems <b>Case Number</b> 05-44640		This Space For Court Use Only
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.		
<b>Name of Creditor</b> (The person or other entity to whom the debtor owes money or property): TECNOME S.r.l.		This Space For Court Use Only
<b>Name and Address where notices should be sent:</b> TECNOME S.r.l. Via Nazionale 11 Regione Remise 11020 Arnad (AO) ITALY		
<b>Telephone number:</b> 00 39 0125 968 511		This Space For Court Use Only
<b>Account or other number by which creditor identifies debtor:</b> Customer Number 010993		
<b>1. Basis for Claim</b> <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input checked="" type="checkbox"/> Other - cost of modifying printer pursuant to Purchase Order S3S24639		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.  <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case.  <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.
<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Last four digits of SS #: _____ Unpaid compensation for services performed from _____ to _____ (date) (date)		
<b>2. Date debt was incurred:</b> 31 October 2003 (Invoice 4118 Purchase Order S3S24639 copies attached)		<input type="checkbox"/> Check here if this claim replaces or amends a previously filed claim dated: _____
<b>3. If court judgment, date obtained:</b> Not applicable		
<b>4. Classification of Claim.</b> Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations.		
<b>Secured Claim.</b> <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral \$ _____ Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____		<b>Unsecured Priority Claim.</b> <input type="checkbox"/> Check this box if you have an unsecured priority claim. Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> Domestic support obligations - 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5). <input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____). * Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.
<b>Unsecured Nonpriority Claim</b> \$4082.43 (E3300) <input checked="" type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.		
<b>5. Total Amount of Claim at Time Case Filed:</b> \$ 4082.43 (E3300) (Unsecured) (Total original claim amount converted from Euros into US dollars according to average Interbank Rate 8 October 2005 - see attached) * If all or part of your claim is secured or entitled to priority, also complete Item 5 or 7 below. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.		
<b>6. Credits:</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. <b>7. Supporting Documents:</b> Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. <b>8. Date-Stamped Copy:</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.		This Space For Court Use Only
Date: 01 03 06 Sign and print the name and title of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any): <i>[Signature]</i>		

Penalty for presenting fraudulent claim: Fine up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571

05-APR-2007 13:57

TECNOMEC SRL

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390125966374

P. 47/64

Spazio

DELPHI AUTOMOTIVE SYSTEMS PROTOTYPE OPERATIONS  
3900 HOLLAND RD. DEPT. 14  
00080-49501 SAGINAW MI US



# STAMPAGGIO LAMIERA COSTRUZIONE STAMPI COSTRUZIONI MECCANICHE

Cap. Soc. € 416.000 I.V.

**TECNOMEC** s.r.l.

Direzione, Sede e Stabilimento:

11020 ARNAD (AO) - Via Nazionale, 11

Tel. +39 0125 968.511 - Fax +39 0125 966.374

E-mail: mail@gruppotecnomec.com

Registro Imprese di Aosta n° iscrizione e C. F. 00041600073

R.E.A. n. 31119 AOSTA - Part. IVA: 00041600073 - VAT n. IT 00041600073

Cod. Fornitore:

CODICE CLIENTE	010993
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PARTITA IVA CLIENTE

FATTURA	DATA	NUMERO
	31/10/2003	418

Pag.

COMMENTO FATTURA

PORDER 53524439 18/09/03

N. ORDINE	CODICE ARTICOLO	DESCRIZIONE	U.M.	QUANTITA'	PREZZO	IMPORTO	NUMERO	D.D.T.	DATA	% IV
		MODIFICA ATTREZZATURA REF P/N 26096579 - DESIGN & BUILD INSERT FOR EXISTING PRODUCTION TOOLING PORDER 53524439 18/09/03 ITEM SEQUENCE 00001 ITEM IDENTIFICATION NO PR392511 001	N.	1,00	3308,90800	3.308,90				

390125966374

TOTALE IMPONIBILE	3.308,90
TOTALE IMPOSTA	
BOLLI	
TOTALE FATTURA	3.308,90

EURO

IMPONIBILE	3.308,90	% ALIQUOTA	NI	IMPOSTA	Non Imp. Art. 8
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SPESE TRATTA		BOLLI	
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SCARICO C/ LAVORAZIONE	DATA	NUMERO
------------------------	------	--------

BANCA D'APPOGGIO				
CONDIZIONI DI PAGAMENTO				
Rinuncia diretta 60 gg fine mese				
IMPORTO	SCAD. 1 <sup>a</sup> RATA	SCAD. 2 <sup>a</sup> RATA	SCAD. 3 <sup>a</sup> RATA	SCAD. 4 <sup>a</sup> RATA

PER I PAGAMENTI OLTRE I TERMINI CONTRATTATI DECORRONO  
GLI INTERESSI DI MORIA

Contributo Ambientale CONAI Assolto ove dovuto



# PURCHASE

ORDER: S3S24639

This Number Must Appear On All Invoices, Packing Slips, Packages and Bills of Lading.

(2) copies of your packing slip must accompany each shipment. Item Identification Number(s) must be shown on Packing Slip.

Invoices: Invoice Attch Accounts Payable

Do not Declare Valuation of Express Shipments or Insurance Post.

ORDER DATE: 09/18/03  
 ALTERATION ISSUE DATE: S18  
 PHONE: 989-757-  
 J SANBORN  
 Buyer

ALTERATION EFFECTIVE DATE:   
 PURCHASER:   
 PINCHAS

SHIP VIA: SEE BELOW

ITEM SEQUENCE	QUANTITY ORDERED	ITEM IDENTIFICATION NO.	QUANTITY	DESCRIPTION	DATE REQUIRED	TAX CODE	%	BASE UNIT PRICE
00001	1	PR392511 001		<p>THIS ORDER IS LISTED IN THE FOLLOWING CURRENCY                      EUR EUROPEAN CURRENCY UNIT</p> <p>ENGINEERING CONTROLLED - NO INSPECTION REQUIRED</p> <p>26096579- --- DESIGN &amp; BUILD INSERT FOR EXISTING PRODUCTION TOOLING.                      (REF P/N 26096579)</p> <p>WHO ORDERED: D.GETTEL/757-3316</p> <p>26096579- --- DESIGN &amp; BUILD INSERT FOR EXISTING PRODUCTION TOOLING                      (REF P/N 26096579)</p> <p>*****SHIPPING AND ROUTING INSTRUCTIONS*****                      LESS THAN 150#--UPS CONSIGNEE BILLING IS HOW THE SHIPMENT SHOULD BE CALLED IN TO UPS NOT COLLECT INDIVIDUAL PACKAGES SHOULD WEIGH NO MORE THAN 40# OR LESS IF PRACTICAL. PLANT NUMBER MUST BE ON LABEL, FOR ITEMS COLLECTIVELY WEIGHING 150# -12,000# BELOW</p> <p>IF SHIPPING FROM---USE THESE CARRIERS:                      MI, IN, IL, WI, OH                      ON, (ONTARIO)                      ALVAN MOTOR FRT                      U.S.F. HOLLAND</p>	10/01/03	H	0.00%	3300.0000

3300.0000

OK  
 SWAW

DELPHI SAGINAW STEERING SYS.  
 (3PI) PROTOTYPE OPERATIONS  
 2975 NODULAR DR  
 SAGINAW MI  
 48601

US

DELPHI AUTOMOTIVE SYSTEMS  
 PROTOTYPE OPERATIONS  
 3900 HOLLAND RD.  
 DEPT. 14  
 SAGINAW MI  
 48601

US

INVOICE TO: 3900 HOLLAND RD.

DEPT. 14  
 SAGINAW MI  
 48601

This order is not binding until accepted. Acceptance shall be indicated by return of the invoice to the originator. The originator shall be responsible for the accuracy of the information provided. The originator shall be responsible for the accuracy of the information provided. The originator shall be responsible for the accuracy of the information provided.

DESTINATION UNLESS OTHERWISE INDICATED

SHIPPING POINT

PAYMENT TERMS  
 NET 2ND DAY OF 2ND MONTH

ORIGINAL

0000766 HHSR MFLISSA L KALEYTA

CONTINUE PAGE 2

United States Bankruptcy Court Southern District Of New York		<b>PROOF OF CLAIM</b>
<b>Name of Debtor</b> <b>DELPHI AUTOMOTIVE SYSTEMS LLC</b>	<b>Case Number</b> <b>05-44640</b>	This Space For Court Use Only
<small>NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.</small>		
<b>Name of Creditor (The person or other entity to whom the debtor owes money or property):</b> <b>TECNOMEC S.r.l.</b>	<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.  <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case.  <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.	
<b>Name and Address where notices should be sent:</b> <b>TECNOMEC S.r.l.</b> <b>Via Nazionale 11</b> <b>Regione Remise</b> <b>11020 Arnad (AO)</b> <b>ITALY</b>		
<b>Telephone number: 00 39 0125 968 511</b>		This Space For Court Use Only
<b>Account or other number by which creditor identifies debtor:</b> <b>Customer Number 010951</b>	Check here if this claim <input type="checkbox"/> replaces or <input type="checkbox"/> amends a previously filed claim dated: _____	
<b>1. Basis for Claim</b> <input checked="" type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other _____ <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Last four digits of SS #: _____ Unpaid compensation for services performed from _____ to _____ <div style="text-align: center;">(date) (date)</div>		
<b>2. Date debt was incurred:</b> 9 November 2001 (Invoice 4495 - copy attached) ✓	<b>3. If court judgment, date obtained:</b> Not applicable	
<b>4. Classification of Claim.</b> Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. <small>See reverse side for important explanations.</small>		
<b>Secured Claim.</b> <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). <b>Brief Description of Collateral:</b> <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral \$ _____ Amount of storage and other charges at time case filed included in secured claim, if any: \$ _____	<b>Unsecured Priority Claim.</b> <input type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> Domestic support obligations - 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5). <input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____). <small>* Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</small>	
<b>Unsecured Nonpriority Claim \$1635 (€1321.64)</b> <input checked="" type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.		
<b>5. Total Amount of Claim at Time Case Filed: \$1635 (€1321.64) (Unsecured)</b> <span style="float: right;">(Total) \$1635 (€1321.64)</span> <small>(Total original claim amount converted from Euros into US dollars according to average Interbank Rate 8 October 2005 - see attached)</small> <small>* If all or part of your claim is secured or entitled to priority, also complete Item 5 or 7 below.</small> <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.		
<b>6. Credits:</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. <b>7. Supporting Documents:</b> Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. <b>8. Date-Stamped Copy:</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.		This Space For Court Use Only
<b>Date:</b> 01 03 06	<b>Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any):</b> 	

Penalty for presenting fraudulent claim: Fine up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571

Spazio

BELPHI AUTONOTIVE SYSTEMS  
ATTN. ACCOUNT PAYABLE N.1 CORP. CEN  
48004 PO BOX 9005 KONOHI IN USA

STAMPAGGIO LAMIERA  
COSTRUZIONE STAMPI  
COSTRUZIONI MECCANICHE

**TECNOMECC** S.r.l. Cap. Soc. L. 800.000.000 I.V.

Direzione, Sede e Stabilimento:

11020 ARNAD (AO) - Reg. Rensise - Via Nazionale, 11

Tel. 0125 968.511 - Fax 0125 966.374

Deposito e Riscapito:

10085 GRUGLIASCO (TO) - C.so C. Allamano, 19 - Tel. 011 784.398

Registro Imprese Tribunale Aosta n. AO 003957 - R.E.A. n. 31119 AOSTA

Cod. Fisc./Part. IVA: 00041800073 - VAT n. IT 00041800073

Cod. Fornitore: 073810

FATTURA	
CODICE CLIENTE	DATA
010451	09/11/2001
NUMERO	
4495	

COMMENTO FATTURA

833.

N. ORDINE	CODICE ARTICOLO	DESCRIZIONE	U.M.	QUANTITA'	PREZZO	IMPORTO	NUMERO	DATA	% IV
453503	16210830	SPRING-LOCK - MOLLA PESO NETTO KG 65 PESO LORDO KG 78 N. COLLI 14 VALUTA: EURO SHIP TO: Belphi Belco Electronics Systems 601 Joaquin Cavazos Road Los Indios, Texas 78557 USA	N.	13512,80	0,085	1.321,64	4558	09/11/2001	
					MATERIALI PRODOTTI IN ITALIA				
					TOT FATTURA IUT : 2.559.052				
					IMPORTABILE IUT : 2.559.052 IVA IUT :				

37

Dichiaro sotto la mia piena e personale responsabilità ed in particolare agli effetti delle seguenti disposizioni validate, che il prezzo indicato nella presente fattura è vero e reale e che pertanto nessuna altra integrazione in qualsiasi forma o con qualsiasi modalità va a favore o a carico dell'impresa da me rappresentata. In relazione all'operazione per cui è stata emessa la fattura stessa.

<<Ai sensi dell'articolo 11 del D.L. 12/3/1991 dichiaro che i documenti allegati sono veri e / o presenti documento est veritiero assumendo ogni responsabilità circa la veridicità del loro contenuto>>

TECNOMECC SRL

BANCA D'APPoggio	
CONDIZIONI DI PAGAMENTO	
RIMBORSO DIRETTO 60 gg fine mese	
IMPORTO	SCAD. 1° DATA
	SCAD. 2° DATA
	SCAD. 3° DATA
	SCAD. 4° DATA

PER I PAGAMENTI OLTRE I TERMINI CONTRATTATI DECORRONO GLI INTERESSI DI MORIA

Contributo Ambientale CONAI Assolto ove dovuto

Riepilogo I.V.A.	
IMPONIBILE	% ALIQUOTA
1.321,64	NI
Operazione non imponibile ai sensi Art. 8, D.P.R. 633 del 28/10/72 e successive modificazioni.	
SPESE TRATTA	
BOLLI	

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BOLLI	

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TECNOMEC SRL

Pg 44 of 69

390125966374

P. 04/84

COMUNITA EUROPEA

390125966374

1 DICHIARAZIONE

EX 1 T2

313 TC/EG 13/11/01

PANALPINA S.P.A.

AUT. MIN. N. 0167/CS

3 Formulari 4 Dist. di carico

1 01

5 Articoli 6 Totale dei colli

1 14

7 Numero di riferimento

00745260158/529430/X

9 Responsabile finanziario

13/11/01

10 Paese prima destinazione

11 Paese di transizione

13 P.A.C.

15 Paese di spedizione / esportazione

ITALIA

16 Paese di origine

15 Cod. P. sped./esport.

17 Cod. P. destinaz.

a. 005 b. 400

17 Paese di destinazione

USA

20 Condizioni di consegna

EXW PARTENZA

22 Moneta ed importo totale fatturato

900 1321.64

23 Tasso di cambio

1936.270

24 Natura delle merci

1 1

28 Dati finanziari e bancari

PROTOCOLLO N. 221 DEL 13/11/01

32 Articolo

01 N.

33 Codice delle merci

73202089

90

34 Cod. P. di origine

AO

35 Massa lorda (kg)

78.00

37 REGIME

10-00-1

38 Massa netta (kg)

65.00

39 Contingenti

40 Dichiarazione sommaria / Documento precedente

41 Unità supplementari

42 Valore aggiunto

43 Valore aggiunto

44 Valore aggiunto

45 Valore aggiunto

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DIREZIONE COMPARTIMENTALE DELLE DOGANE E DELLE IL. II. REG. LOMBARDIA - AUT. PRESTAMP. NR. 11694 DEL 27.08.90 AUT. PRENUMERAZIONE NR. 3228 DEL 21.03.1994

Esemplare per lo speditore / esportatore

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DELPHI AUTOMOTIVE SYSTEMS  
ATTN ACCOUNT PAYABLE N 1 CORP. CEN  
46904 PO BOX 9005 KOKOMO USA

14 Dichiarante/Rappresentante N. 00745260158

PANALPINA SPA  
PANALPINA SPA RAP. IND

18 Identità e nazionalità del mezzo di trasporto alla partenza

513 0070 9236

21 Identità e nazionalità del mezzo di trasporto attivo che attraversa la frontiera

005 0

25 Modo di trasporto

3 alle frontiere

26 Modo di trasporto

3 interno

27 Luogo di carico

30 Localizzazione delle merci

29 Ufficio di uscita

075140

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Rev: 4/97

PURCHASE ORDER

DATE	04/20/99	Purchase Order No.	450500
USE THIS NUMBER ON ALL PACKING SLIPS			

**DELPHI**  
Automotive Systems

PAGE 2

**Delco Electronics Systems**  
QUANT 83  
801 S. VERMILION AVE  
BROWNSVILLE, TX 78521

SHIP TO  
INVOICE

TECNOMEC SRL  
VIA NAZIONALE 11 REG REMISE  
ARNAD ITALY  
IT 11029

PG VUILLERMON 39-125-96851

M	QUANTITY	PART OR SPEC. NUMBER	ARTICLES AND DESCRIPTION	UNIT PRICE	U/
			<p>/ PAYMENT OF STATE, LOCAL AND MTA SALES &amp; USE TAXES / UPON ITS PURCHASES OF TAXABLE ITEMS. / PERMIT HOLDER: DELPHI DELCO ELECTRONICS SYSTEMS ////////////////////////////////////</p> <p>04/20/99 - EFFECTIVE DATE OF ORDER /// FAILURE ANALYSIS/CORRECTIVE ACTIONS /// SUPPLIERS ARE EXPECTED TO PERFORM FAILURE /// ANALYSIS ON DEFECTIVE MATERIAL RETURNED BY /// DELPHI DELCO ELECTRONICS SYSTEMS. IRREVERSIBLE/ /// CORRECTIVE ACTION PLANS FOR THESE FAILURES /// MUST BE DEVELOPED AND IMPLEMENTED. THE PLANS /// WITH EFFECTIVE DATES ARE TO BE REPORTED BACK /// TO DELPHI-D.</p> <p>***** * MATERIAL PULL SYSTEM TERMS AND CONDITIONS * * * 1. DELIVERY SCHEDULES: THE BUYER SHALL TRANSMIT * TO THE SELLER A DELIVERY SCHEDULE (PULL SIGNAL) * FROM TIME TO TIME BY ELECTRONIC MEANS THAT IS * SPECIFIED BY THE BUYER. THE PULL SIGNAL SHALL * SPECIFY THE REVISION LEVEL, QUANTITY, AND TIME * THAT DELIVERY OF GOODS SHALL BE MADE FROM THE * SELLER TO THE BUYER. THE BUYER SHALL NOT BE * REQUIRED TO MAKE PAYMENT FOR GOODS DELIVERED TO</p>		

These Numbers Must Appear on All Packing Slips		A UNIQUE NUMBER IDENTIFIED AS A SHIPMENT NUMBER MUST APPEAR ON ALL PACKING SLIPS		
JER	TERMS	FOR	SHIP VIA	SHIP TO ARRIVE
2384A	NET MNS-2	FOB ORG , FRT COL	DE NAMED CARRIER	ABOVE
SRL LEDGER ACCT	30100 UNIT 1	CHG. DEPT.	WORK ORDER	PROJECT/JOB NO. OR PLANT ORDER NO.
			F/U	DELIVER TO DEPT. NOTIFY

TERMS & CONDITIONS - This order, including the terms and conditions on the face and reverse side hereof, (and including additional Terms and Conditions attached herewith if the work and material is for use on a United States Government Contract), contains a complete and final agreement between Buyer and Seller and no other agreement in any way modifying any of said terms and conditions will be binding upon Buyer unless made in writing and signed by Buyer's authorized representative. To the extent that a goods ordered and/or shipped hereunder are by nature subject to Federal excise tax, the following exemption certificate of Registration No. 38 75 0100A, issued by the District Director, Internal Revenue Service, Detroit, Michigan, and that the article or articles specified in this order will be used by it as material in the manufacture of, or as a component part of, another article to be manufactured by it. SEE REVERSE SIDE HEREOF FOR THE TERMS & CONDITIONS TO WHICH SELLER AGREES BY ACCEPTANCE OF THIS ORDER. This order is not binding until accepted. Acceptance should be executed on acknowledgment copy which should be returned to buyer.

SEE REVERSE SIDE FOR SHIPPING AND BILLING INSTRUCTIONS.

AUTHORITY FOR DIRECT PAYMENT SALES & USE TAX - The Indiana Department of Revenue under authority of Section 52 of the State Gross Retail Tax and Use Tax Act, authorizes the above Division of General Motors Corporation to make direct payment such imposed on any purchase, use, storage or other consumption of tangible personal property or service.

NOT BILL INDIANA SALES TAX - REGISTERED RETAIL MERCHANTS CERTIFICATE NO. 382533811 001 0.

PLEASE ADDRESS ALL CORRESPONDENCE TO  
THE ATTENTION OF THE BUYER

**F. PEENEY**  
BUYER

ONE CORPORATE CENTER • PO BOX 9005  
Kokomo, Indiana 46904-9005

PHONE A/C

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ORIGINAL

PURCHASING DIRECTOR

PAGE 2 CONTINUED

Rev. 4/97

R

PURCHASE ORDER

DATE	04/20/99	Purchase Order No.	450500
USE THIS NUMBER ON ALL PACKING SLIPS			

**DELPHI**  
Automotive Systems

PAGE 3

SHIP TO	<b>Delco Electronics Systems</b>
	PLANT 83 601 S. VERMILLION AVE BROWNsville, TX 78521
INVOICE TO	

VENDOR	TECNOME SRL
	VIA NAZIONALE 11 REG REMISE
	ARNAD ITALY
	IT 11029
PG VUILLERMON 39-125-96851	

M	QUANTITY	PART OR SPEC. NUMBER	ARTICLES AND DESCRIPTION	UNIT PRICE
			<p>* BUYER WHICH ARE IN EXCESS OF THE QUANTITY * SPECIFIED IN THE BUYER'S PULL SIGNAL. * 2. MATERIAL COMMITMENT AUTHORIZATION: THE BUYER * AGREES TO PURCHASE FROM THE SELLER A SPECIFIC * AMOUNT OF GOODS (HEREAFTER REFERRED TO AS "THE * COMMITTED QUANTITY") LISTED ON THE BUYER'S * "SUPPLIER PLANNING DOCUMENT" (SPD). THE * COMMITTED QUANTITY SHALL BE MEASURED ON THE SPD * AS A TOTAL QUANTITY OVER THE PERIOD OF TIME * BETWEEN THE MOST RECENT PLANNING WEEK AND * TWELVE (12) CONSECUTIVE, SUBSEQUENT WEEKS, * INCLUSIVE. THE BUYER RESERVES THE RIGHT TO UPDATE * AND CHANGE THE SPD FROM TIME TO TIME. THE SELLER * AGREES THAT NO MORE THAN FOUR WEEKS OF THE * COMMITTED QUANTITY SHALL BE PROCESSED INTO A * FINISHED STATE THAT IS READY FOR DELIVERY TO THE * BUYER UNLESS OTHERWISE APPROVED BY THE BUYER IN * WRITING. THE BALANCE OF THE COMMITTED MATERIAL * IS TO BE WORK IN PROCESS VALUED AT NO MORE THAN * FIFTY PERCENT (50%) OF THE PURCHASE PRICE. * 3. CONFLICTING TERMS: THE MATERIAL PULL SYSTEM * TERMS AND CONDITIONS PRINTED ON THE BACK OF OR * ATTACHED TO THIS PURCHASE ORDER, SHALL BE * CONSTRUED TO THE EXTENT REASONABLE, AS CONSISTENT. * IF THEY ARE INCONSISTENT, THE TERMS AND CONDITIONS*</p>	

These Numbers Must Appear on All Packing Slips		A UNIQUE NUMBER IDENTIFIED AS A SHIPMENT NUMBER MUST APPEAR ON ALL PACKING SLIPS			
TERMS	2384A NET MNS-2	FOR	FOB DRG , FRT COL	SHIP VIA	SHIP TO ARRIVE
DE NAMED CARRIER	ABOVE	CHG. DEPT.	WORK ORDER	PROJECT/JOB NO. OR PLANT ORDER NO.	DELIVER TO DEPT.
NOTIFY					

TERMS & CONDITIONS - This order, including the terms and conditions on the face and reverse side hereof, (and including additional Terms and Conditions attached herewith if the work and material is for use on a United States Government Contract), contain a complete and final agreement between Buyer and Seller and no other agreement in any way modifying any of said terms and conditions will be binding upon Buyer unless made in writing and signed by Buyer's authorized representative. To the extent of a goods ordered and/or shipped hereunder are by nature subject to Federal excise tax, the following exemption certificate of Registration No. 38 73 0100A, issued by the District Director, Internal Revenue Service, Detroit, Michigan, and that the article titles specified in this order will be used by it as material in the manufacture of, or as a component part of, another article to be manufactured by it. SEE REVERSE SIDE HEREOF FOR THE TERMS & CONDITIONS TO WHICH SELLER AGREES. ACCEPTANCE OF THE ORDER. This order is not binding until accepted. Acceptance should be evidenced on acknowledgment copy which should be returned to buyer.

SEE REVERSE SIDE FOR SHIPPING AND BILLING INSTRUCTIONS.

AUTHORITY FOR DIRECT PAYMENT SALES & USE TAX - The Indiana Department of Revenue under authority of Section 52 of the State Gross Retail Tax and Use Tax Act, authorizes the above Division of General Motors Corporation to make direct payment such imposed on any purchase, use, storage or other consumption of tangible personal property or service.  
DO NOT BILL INDIANA SALES TAX - REGISTERED RETAIL MERCHANTS CERTIFICATE NO. 36263811 001 0.

PLEASE ADDRESS ALL CORRESPONDENCE TO  
THE ATTENTION OF THE BUYER

PEENEY  
BUYER

ONE CORPORATE CENTER • PO BOX 9005  
Kokomo, Indiana 46904-9005

PHONE A/C

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PURCHASING DIRECTOR

ORIGINAL

PAGE 3 CONTINUED

PURCHASE ORDER

**DELPHI**  
Automotive Systems

PAGE 4

TECNOMEC SRL  
VIA NAZIONALE 11 REG REMISE  
ARNAD ITALY  
IT 11029

PG VUILLERMON 39-125-96851

DATE	04/20/99	Purchase Order No.	450500
USE THIS NUMBER ON ALL PACKING SLIPS			

SHIP TO	<b>Delco Electronics Systems</b>
	PLANT 83 601 S. VERMILLION AVE BROWNSVILLE, TX 77821
INVOICE TO	

M	QUANTITY	PART OR SPEC. NUMBER	ARTICLES AND DESCRIPTION	UNIT PRICE
			<p>* ON THE FACE OF THIS PURCHASE ORDER SHALL CONTROL. *</p> <p>*****</p> <p>*SUPPLIERS ARE REQUIRED TO MEET THE REQUIREMENTS OF DELPHI DELCO ELECTRONICS SYSTEMS (DELPHI-D) PRODUCTION PART APPROVAL PROCESS AS DESCRIBED IN THE SUPPLIER QUALITY IMPROVEMENT PROCESS PLUS FOR SUPPLIERS (SQIP PLUS) AND IN THE PRODUCTION PART APPROVAL PROCESS MANUAL. THE SQIP PLUS MANUAL (GM2500) IS AVAILABLE FROM BOISE CASCADE (810-758-5400) AND THE PRODUCTION PART APPROVAL PROCESS MANUAL IS AVAILABLE FROM AIAG (810-358-3003). SUPPLIERS MUST HAVE PART MANUFACTURING SITE APPROVAL PRIOR TO SHIPPING PRODUCTION QUANTITIES. CONTACT DELPHI-D ADVANCED QUALITY ENGINEERING REGARDING ANY QUESTIONS ON THE APPROVAL PROCESS OR STATUS. CONTACT DELPHI-D COMPONENT ENGINEERING PARTS TRACKING SERVICES FOR STATUS ONLY QUESTIONS.*</p> <p>*THE SUPPLIER AGREES TO SUPPLY SERVICE PARTS TO DELPHI DELCO ELECTRONICS SYSTEMS, AND ANY OF ITS DESIGNATED DEALERS AND/OR DISTRIBUTORS, FOR A PERIOD OF UP TO TEN YEARS (OR LONGER WHERE APPLICABLE) AFTER THE LAST YEAR (VOLUME PRODUCTION. ANY CHANGES TO THE AGREED UPON PRICING, BY THE SUPPLIER, MUST BE REQUESTED IN WRITING, SUFFICIENTLY IN ADVANCE OF THAT CHANGE, SO THAT APPROPRIATE ACTION CAN BE TAKEN. IF AFTER A MINIMUM OF</p>	

These Numbers Must Appear on All Packing Slips		A UNIQUE NUMBER IDENTIFIED AS A SHIPMENT NUMBER MUST APPEAR ON ALL PACKING SLIPS	
TERMS	2384A NET MNS-2	FOR	FOB DRG , FRT COL
SHIP VIA	DE NAMED CARRIER	SHIP TO ARRIVE	ABOVE
TERIAL LEDGER ACCT	501000	CHG. DEPT.	WORK ORDER
PROJECT/JOB NO. OR PLANT ORDER NO.	F/U	DELIVER TO DEPT.	NOTIFY

TERMS & CONDITIONS - This order, including the terms and conditions on the face and reverse side hereof, (and including additional Terms and Conditions attached herewith if the work and material is for use on a United States Government Contract), contains a complete and final agreement between Buyer and Seller and no other agreement in any way modifying any of said terms and conditions will be binding upon Buyer unless made in writing and signed by Buyer's authorized representative. To the extent that rules specified in this order will be used by it as material in the manufacture of, or as a component part of, another article to be manufactured by it, SEE REVERSE SIDE HEREOF FOR THE TERMS & CONDITIONS TO WHICH SELLER AGREES BY ACCEPTANCE OF THE ORDER. This order is not binding until accepted. Acceptance should be executed on acknowledgment copy which should be returned to Buyer.

SEE REVERSE SIDE FOR SHIPPING AND BILLING INSTRUCTIONS.

AUTHORITY FOR DIRECT PAYMENT SALES & USE TAX - The Indiana Department of Revenue under authority of Section 52 of the State Gross Retail Tax and Use Tax Act, authorizes the above Division of General Motors Corporation to make direct payment of such tax imposed on any purchase, use, storage or other consumption of tangible personal property of services.

DO NOT BILL INDIANA SALES TAX - REGISTERED RETAIL MERCHANTS CERTIFICATE NO. 34200011 001 0.

PLEASE ADDRESS ALL CORRESPONDENCE TO  
THE ATTENTION OF THE BUYER

F. PEENEY  
BUYER

ONE CORPORATE CENTER • PO BOX 8005  
Kokomo, Indiana 46904-8005

PHONE A/C

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ORIGINAL

PURCHASING DIRECTOR

PAGE 4 CONTINUED



PURCHASE ORDER

**DELPHI**  
Automotive Systems

PAGE 5

TECNOMECSRL  
VIA NAZIONALE 11 REG REMISE  
ARNAD ITALY  
IT 11029

PG VUILLERMON 39-125-96851

DATE	04/20/99	Purchase Order No.	450500
USE THIS NUMBER ON ALL PACKING SLIPS			

SHIP TO	<b>Delco Electronics Systems</b>
	PLANT 8A 601 S. VERMILLION AVE BROWNSVILLE, TX 77821
INVOICE TO	

QUANTITY	PART OR SPEC. NUMBER	ARTICLES AND DESCRIPTION	UNIT PRICE	U/
		<p>TEN YEARS, THE SUPPLIER PLANS TO DISCONTINUE A MANUFACTURE TECHNOLOGY AND/OR PROCESS THAT WILL IMPACT A DELPHI-D SERVICE PART, THE SUPPLIER WILL NOTIFY DELPHI-D IN WRITING IN SUFFICIENT TIME, SO THAT ALTERNATE SOURCING OR A LIFETIME BUY CAN BE APPROVED. IN THE MEANTIME, SUPPLIER MUST CONTINUE SUPPLYING SERVICE PARTS UNTIL AN ALTERNATE PLAN IS APPROVED BY DELPHI-D.</p> <p>*SUPPLIERS ARE REQUIRED TO MEET THE DELPHI DELCO ELECTRONICS SYSTEMS EXPECTATIONS AND REQUIREMENTS OF SUPPLIERS DETAILED IN THE DELPHI-D SUPPLIER MANUAL. THIS MANUAL IS AVAILABLE ON THE WEBSITE AT WWW.DELPHIAUTO.COM*</p> <p>RESTRICTED, TOXIC, AND HAZARDOUS MATERIALS - SUPPLIERS ARE REQUIRED TO COMPLY WITH CURRENT GOVERNMENTAL AND SAFETY CONSTRAINTS ON RESTRICTED, TOXIC AND HAZARDOUS MATERIALS AS WELL AS ENVIRONMENTAL, ELECTRICAL AND ELECTROMAGNETIC CONSIDERATIONS APPLICABLE TO THE COUNTRY OF MANUFACTURE SALE. THIS RELATES TO BOTH THE SALABLE PRODUCT AND THE MANUFACTURING PROCESSES. (REFER ALSO TO TERMS AND CONDITIONS NO. 10 "INGREDIENTS DISCLOSURE AND SPECIAL WARNINGS INSTRUCTIONS"). COMMENCEMENT OF ANY WORK OR SERVICE UNDER THIS ORDER SHALL CONSTITUTE SELLER'S ACCEPTANCE OF THESE RESPONSIBILITIES. IF YOU DO NOT ACCEPT THESE RESPONSIBILITIES PLEASE CONTACT THE DELPHI DELCO ELECTRONICS SYSTEMS BUYER.</p>		

These Numbers Must Appear on All Packing Slips

A UNIQUE NUMBER IDENTIFIED AS A SHIPMENT NUMBER MUST APPEAR ON ALL PACKING SLIPS

JER	TERMS	FOR	FOB ORG , FRT COL	SHIP VIA	SHIP TO ARRIVE
2384A	NET MNS-2			DE NAMED CARRIER	ABOVE
ERAL LEDGER ACCT	80100	UNT 1	CHG. DEPT.	WORK ORDER	PROJECT/JOB NO. OR PLANT ORDER NO.
				F/U	DELIVER TO DEPT.
				NOTIFY	

TERMS & CONDITIONS - This order, including the terms and conditions on the face and reverse side hereof, (and including additional Terms and Conditions attached herewith if the work and material is for use on a United States Government Contract), contains the complete and final agreement between Buyer and Seller and no other agreement in any way modifying any of said terms and conditions will be binding upon Buyer unless made in writing and signed by Buyer's authorized representative. To the extent that goods ordered and/or shipped hereunder are by nature subject to Federal excise tax, the following exemption certificate of Registration No. 38 73 0100A, issued by the District Director, Internal Revenue Service, Detroit, Michigan, and that the article or articles specified in this order will be used by it as material in the manufacture of, or as a component part of, another article to be manufactured by it. SEE REVERSE SIDE HEREOF FOR THE TERMS & CONDITIONS TO WHICH SELLER AGREES BY ACCEPTANCE OF THE ORDER. This order is not binding until accepted. Acceptance should be evidenced on acknowledgment copy which should be returned to buyer.

SEE REVERSE SIDE FOR SHIPPING AND BILLING INSTRUCTIONS.

AUTHORITY FOR DIRECT PAYMENT SALES & USE TAX - The Indiana Department of Revenue under authority of Section 52 of the State Gross Retail Tax and Use Tax Act, authorizes the above Division of General Motors Corporation to make direct payment of such taxes on any purchase, use, storage or other consumption of tangible personal property or service.

O NOT BILL INDIANA SALES TAX - REGISTERED RETAIL MERCHANTS CERTIFICATE NO. 36883911 001 0.

PLEASE ADDRESS ALL CORRESPONDENCE TO  
THE ATTENTION OF THE BUYER

T. PEENEY  
BUYER

ONE CORPORATE CENTER • PO BOX 8005  
Kokomo, Indiana 46904-8005

PHONE A/C

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ORIGINAL

PURCHASING DIRECTOR

PAGE 5 CONTINUED

R

PURCHASE ORDER

**DELPHI**  
Automotive Systems

PAGE 6

**TECNOMEC SRL**  
**VIA NAZIONALE 11 REG REMISE**  
**ARNAD ITALY**  
**IT 11029**  
**PG VUILLERMON 39-125-96851**

DATE	04/20/99	Purchase Order No.
		450500
USE THIS NUMBER ON ALL PACKING SLIPS		

SHIP TO	<b>Delco Electronics Systems</b>
	<b>PLANT 83</b>
INVOICE TO	<b>601 S. VERMILLION AVE</b>
	<b>BROWNSVILLE, TX 78521</b>

M	QUANTITY	PART OR SPEC. NUMBER	ARTICLES AND DESCRIPTION	UNIT PRICE	U
			SELLER, AND ANY GOODS AND SERVICES SUPPLIED BY SELLER, SHALL BE YEAR 2000 COMPLIANT AND SHALL FUNCTION WITHOUT ERROR OR FAULT IN THE PROCESSING (INCLUDING, BUT NOT LIMITED TO, CALCULATING, MANAGING, MANIPULATING, COMPARING AND SEQUENCING) OF DATE AND DATE RELATED DATA, FOR THE YEARS 2000 AND BEYOND. AT BUYER'S REQUEST, SELLER SHALL CERTIFY IN WRITING ITS COMPLIANCE WITH THE FOREGOING.		

These Numbers Must Appear on All Packing Slips		A UNIQUE NUMBER IDENTIFIED AS A SHIPMENT NUMBER MUST APPEAR ON ALL PACKING SLIPS			
LIEN	TERMS	FOR	SHIP VIA	SHIP TO ARRIVE	
2384A	NET MNS-2	FOB ORG , FRT COL	DE NAMED CARRIER	ABOVE	
VERAL LEDGER ACCT	BOLECOUNT 1	CHQ. DEPT.	WORK ORDER	PROJECT/JOB NO. OR PLANT ORDER NO.	F/U
				DELIVER TO DEPT.	NOTIFY

**TERMS & CONDITIONS** - This order, including the terms and conditions on the face and reverse side hereof, (and including additional Terms and Conditions attached herewith if the work and material is for use on a United States Government Contract), contains the complete and final agreement between Buyer and Seller and no other agreement in any way modifying any of said terms and conditions will be binding upon Buyer unless made in writing and signed by Buyer's authorized representative. To the extent that the goods ordered and/or shipped hereunder are by nature subject to Federal sales tax, the following exemption certificate of Registration No. 38 73 0100A, issued by the District Director, Internal Revenue Service, Detroit, Michigan, and that no article or acceptance of the order, this order is not binding until accepted. Acceptance should be executed on acknowledgment copy which should be returned to buyer.

SEE REVERSE SIDE FOR SHIPPING AND BILLING INSTRUCTIONS.

**AUTHORITY FOR DIRECT PAYMENT SALES & USE TAX** - The Indiana Department of Revenue under authority of Section 82 of the State Gross Retail Tax and Use Tax Act, authorizes the above Division of General Motors Corporation to make direct payment if such imposed on any purchase, use, storage or other consumption of tangible personal property or service.  
DO NOT BILL INDIANA SALES TAX - REGISTERED RETAIL MERCHANTS CERTIFICATE NO. 382633811 001 0.

PLEASE ADDRESS ALL CORRESPONDENCE TO  
THE ATTENTION OF THE BUYER

**T. PEENEY**  
BUYER

ONE CORPORATE CENTER • PO BOX 9005  
Kokomo, Indiana 46904-9005

PHONE A/C

44

PURCHASING DIRECTOR

ORIGINAL

R

XXXXXXXXXXXXXXXXXXXXXXXXXXXX  
 X PURCHASE ORDER AMENDMENT X  
 XXXXXXXXXXXXXXXXXXXXXXXXXXXX

DATE 05/21/99 Purchase Order No. 450500  
 USE THIS NUMBER ON ALL PACKING SLIPS

**DELPHI** RICEVUTO 28 MAG. 1999  
 Automotive Systems

PAGE 1

**Delco Electronics Systems**  
 PLANT 83  
 501 S. VERMILLION AVE  
 BROWNSVILLE, TX 78521

**TECNOMEC SRL**  
 VIA NAZIONALE 11 REG REMISE  
 ARNAD ITALY  
 IT 11029  
 PG VUILLERMON 39-125-96851

ITEM	QUANTITY	PART OR SPEC. NUMBER	ARTICLES AND DESCRIPTION	UNIT PRICE
001	REQ.CONT	16210830	<p>XX                      X AMEND PURCHASE ORDER ( NUMBER SHOWN IN UPPER RIGHT                      X CORNER ) TO READ AS FOLLOWS:                      XX                      X AMENDMENT AMENDMENT AMENDMENT                      XX</p> <p>SPRING-LOCK</p> <p>EFFECTIVE 06/01/99 0.10302                      REQUIREMENTS CONTRACT FOR APPROXIMATELY 100%                      OF OUR MODEL YEAR 2000 PURCHASES</p> <p>CURRENCY CODE: ITL PRICE: 185.30</p> <p>*****                      * THIS PURCHASE ORDER IS ISSUED AND IS TO BE                      * INVOICED IN THE CURRENCY OF THE COUNTRY AS                      * SHOWN. THE U.S. DOLLAR AMOUNT IS FOR DELPHI                      * DELCO ELECTRONICS SYSTEMS INTERNAL REFERENCE                      * ONLY.                      *****</p> <p>THIS AMENDMENT CORRECTS PRICE AS                      SHOWN ABOVE</p>	

These Numbers Must Appear on All Packing Slips		A UNIQUE NUMBER IDENTIFIED AS A SHIPMENT NUMBER MUST APPEAR ON ALL PACKING SLIPS	
SUPPLIER	TERMS	FOB	SHIP VIA
82384A			
GM GENERAL LEDGER ACCT	SUB ACCOUNT	CHG. DEPT.	WORK ORDER
			PROJECT/JOB NO. OR PLANT ORDER NO.
			F/LI
			DELIVER TO DEPT.
			NOTIFY
			SHIP TO ARRIVE
			ABOVE

**TERMS & CONDITIONS** - This order, including the terms and conditions on the face and reverse side hereof, (and including additional Terms and Conditions attached herewith if the work and material is for use on a United States Government Contract), is the complete and final agreement between Buyer and Seller and no other agreement in any way modifying any of said terms and conditions will be binding upon Buyer unless made in writing and signed by Buyer's authorized representative. To the extent the goods ordered and/or shipped hereunder are by nature subject to Federal excise tax, the following exemption certificate of Registration No. 38 73 0100A, issued by the District Director, Internal Revenue Service, Detroit, Michigan, and that the articles specified in this order will be used by it as material in the manufacture of, or as a component part of, another article to be manufactured by it. SEE REVERSE SIDE HEREOF FOR THE TERMS & CONDITIONS TO WHICH SELLER AGREES. ACCEPTANCE OF THE ORDER. This order is not binding until accepted. Acceptance should be executed on acknowledgment copy which should be returned to buyer.

SEE REVERSE SIDE FOR SHIPPING AND BILLING INSTRUCTIONS.

**AUTHORITY FOR DIRECT PAYMENT SALES & USE TAX** - The Indiana Department of Revenue under authority of Section 52 of the State Gross Retail Tax and Use Tax Act, authorizes the above Division of General Motors Corporation to make direct payment of such imposed on any purchase, use, storage or other consumption of tangible personal property or service.  
 DO NOT BILL INDIANA SALES TAX - REGISTERED RETAIL MERCHANTS CERTIFICATE NO. 382838811 001 0.

PLEASE ADDRESS ALL CORRESPONDENCE TO  
 THE ATTENTION OF THE BUYER

**T. PEENEY**  
 BUYER

PHONE A/C

PURCHASING DIRECTOR

ONE CORPORATE CENTER • PO BOX 8005  
 Kokomo, Indiana 46904-8005

4 ORIGINAL

PAGE 1 CONTINUED



116971 POA/POA	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX X PURCHASE ORDER AMENDMENT X XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
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DATE 05/21/99	Purchase Order No. 450500
USE THIS NUMBER ON ALL PACKING SLIPS	

**DELPHI**  
Automotive Systems

PAGE 3

V E N D O R	TECNOMECS SRL
	VIA NAZIONALE 11 REG REMISE
	ARNAD ITALY
	IT 11029
PG VUILLERMON 39-125-96851	

S H I P T O	<b>Delco Electronics Systems</b>
	PLANT 83 601 S. VERMILLION AVE BROWNSVILLE, TX 77821
I N F O R M A T I O N	

ITEM	QUANTITY	PART OR SPEC. NUMBER	ARTICLES AND DESCRIPTION	UNIT PRICE
			XX X AMEND PURCHASE ORDER ( NUMBER SHOWN IN UPPER RIGHT X X CORNER ) TO READ AS FOLLOWS: X XX X AMENDMENT AMENDMENT AMENDMENT X XX  PROCESSING (INCLUDING, BUT NOT LIMITED TO, CALCULATING, MANAGING, MANIPULATING, COMPARING AND SEQUENCING) OF DATE AND DATE RELATED DATA, FOR THE YEARS 2000 AND BEYOND. AT BUYER'S REQUEST, SELLER SHALL CERTIFY IN WRITING ITS COMPLIANCE WITH THE FOREGOING.	

These Numbers Must Appear on All Packing Slips		A UNIQUE NUMBER IDENTIFIED AS A SHIPMENT NUMBER MUST APPEAR ON ALL PACKING SLIPS	
SUPPLIER 82384A	TERMS	FOB	SHIP VIA
SHIP TO ARRIVE ABOVE			
GM GENERAL LEDGER ACCT	SUB ACCOUNT	CHG. DEPT.	WORK ORDER
PROJECT/JOB NO. OR PLANT ORDER NO.		F/U	DELIVER TO DEPT.
NOTIFY			

**TERMS & CONDITIONS** - This order, including the terms and conditions on the face and reverse side hereof, (and including additional Terms and Conditions attached herewith if the work and material is for use on a United States Government Contract), the complete and final agreement between Buyer and Seller and no other agreement in any way modifying any of said terms and conditions will be binding upon Buyer unless made in writing and signed by Buyer's authorized representative. To bind the goods ordered and/or shipped hereunder are by nature subject to Federal excise tax, the following exemption certificate of Registration No. 38 73 0100A, issued by the District Director, Internal Revenue Service, Detroit, Michigan, and that the articles specified in this order will be used by it as material in the manufacture of, or as a component part of, another article to be manufactured by it. SEE REVERSE SIDE HEREOF FOR THE TERMS & CONDITIONS TO WHICH SELLER AGREES. ACCEPTANCE OF THE ORDER. This order is not binding until accepted. Acceptance should be executed on acknowledgment copy which should be returned to buyer.

SEE REVERSE SIDE FOR SHIPPING AND BILLING INSTRUCTIONS.

**AUTHORITY FOR DIRECT PAYMENT SALES & USE TAX** - The Indiana Department of Revenue under authority of Section 52 of the State Gross Retail Tax and Use Tax Act, authorizes the above Division of General Motors Corporation to make direct payment of such imposed on any purchase, use, storage or other consumption of tangible personal property or service.  
DO NOT BILL INDIANA SALES TAX - REGISTERED RETAIL MERCHANTS CERTIFICATE NO. 382853811 001 0.

PLEASE ADDRESS ALL CORRESPONDENCE TO  
THE ATTENTION OF THE BUYER

**T. PEENEY**  
BUYER

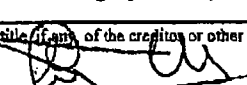
PHONE A/C

PURCHASING DIRECTOR

ONE CORPORATE CENTER • PO BOX 9005  
Kokomo, Indiana 46904-9005

ORIGINAL

390125966374

United States Bankruptcy Court Southern District Of New York		PROOF OF CLAIM
Name of Debtor <b>DELPHI AUTOMOTIVE SYSTEMS LLC</b>	Case Number <b>05-44640</b>	This Space For Court Use Only
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.		
Name of Creditor (The person or other entity to whom the debtor owes money or property): <b>TECNOMECC S.r.l.</b>	<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.  <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case.  <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.	
Name and Address where notices should be sent: <b>TECNOMECC S.r.l. Via Nazionale 11 Regione Remise 11020 Arnad (AO) ITALY</b>		
Telephone number: <b>00 39 0125 968 511</b>		This Space For Court Use Only
Account or other number by which creditor identifies debtor: Customer Number <b>010951</b>	Check here if this claim <input type="checkbox"/> replaces or <input type="checkbox"/> amends a previously filed claim dated: _____	
<b>I. Basis for Claim</b> <input checked="" type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other _____  <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Last four digits of SS #: _____ Unpaid compensation for services performed from _____ to _____ (date) (date)		
<b>2. Date debt was incurred:</b> 14 November 2001 (invoice 4500 - copy attached) ✓	<b>3. If court judgment, date obtained:</b> Not applicable	
<b>4. Classification of Claim.</b> Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations.		
<b>Secured Claim.</b> <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral \$ _____ Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____	<b>Unsecured Priority Claim.</b> <input type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> Domestic support obligations - 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5). <input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____). * Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.	
<b>Unsecured Nonpriority Claim \$1880.39 (€1520)</b> <input checked="" type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority. <b>5. Total Amount of Claim at Time Case Filed: \$ 1880.39 (€1520) (Unsecured)</b> (Total) \$1880.39 (€1520) (Total original claim amount converted from Euros into US dollars according to average Interbank Rate 8 October 2005 - see attached) * If all or part of your claim is secured or entitled to priority, also complete Item 5 or 7 below. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.		
<b>6. Credits:</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. <b>7. Supporting Documents:</b> Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. <b>DO NOT SEND ORIGINAL DOCUMENTS.</b> If the documents are not available, explain. If the documents are voluminous, attach a summary. <b>8. Date-Stamped Copy:</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim. Date: <b>01 03 06</b> Sign and print the name and title (if any) of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any): 		This Space For Court Use Only

Penalty for presenting fraudulent claim: Fine up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571

**TECNOMEC** S.r.l.

Cap. Soc. L. 800.000.000 I.V.

Direzione, Sede e Stabilimento:

11020 AFNAD (AO) - Reg. Premise - Via Nazionale, 11

Tel. 0125 968.511 - Fax 0125 966.374

Deposito e Recupero:

10095 GRUGLIASCO (TO) - C.so C. Allamano, 19 - Tel. 011 784.398

Registro Imprese Tribunale Aosta n. AO 003957 - R.E.A. n. 31119 AOSTA

Cod. Fisc./Part. IVA: 00041600073 - VAT n. IT 00041600073

**STAMPAGGIO LAMIERA  
COSTRUZIONE STAMPI  
COSTRUZIONI MECCANICHE**

Spett.le

DELPHI AUTOMOTIVE SYSTEMS  
ATTN. ACCOUNT PAYABLE N.1 CORP. GEN  
45984 PO BOX 9805 KOKOMO IN USA

Cod. Fornitori: 823848

CODICE CLIENTE	PARTITA IVA CLIENTE	DATA	NUMERO
010951		14/11/2001	45984

Pag. 1

COMMENTO FATTURA

N. ORDINE	CODICE ARTICOLO	DESCRIZIONE	D.M.	QUANTITA'	PREZZO	IMPORTO	NUMERO	D.D.T.	DATA	% IVA
45984	162108310	SPRING-LOCK - MOLLA PESO NETTO KG 70 PESO LORDO KG 95 N. COLLI 16 VALUTA: EURO. SHIP TO: Delphi Delco Electronics Systems 601 Jacquelin Cavazos Road Los Indios, Texas 78567 USA	M.	16006,00	0,095	1.520,00	4673	14/11/2001		M
MATERIALI PRODOTTI IN ITALIA										
TOT FATTURA LIT :					2.943.130					

IMPOSTE LIT : 2.943.130 IVA LIT :

BANCA D'APPROVIGO		SCARICO GLAVORAZIONE		RIEPIGLI I.V.A.		TOTALE IMPONIBILE	
CONDIZIONI DI PAGAMENTO		DATA	NUMERO	IMPONIBILE	% ALIQUOTA	IMPOSTA	
Finestra diretta 30 gg fine mese				1.520,00	M	Non Imp. Art. 6	
IMPORTO				Operazioni non imponibili ai sensi Art. 6, D.P.R. 633 del 26/10/73 e successive modificazioni.			
SCAD. 1° RATA				SPESE TRATTA			
SCAD. 2° RATA				BOLLI			
SCAD. 3° RATA				TOTALE FATTURA			
SCAD. 4° RATA				EUR			
				1.520,00			
				1.520,00			
				BOLLI			
				1.528,00			

PER I PAGAMENTI OLTRE I TERMINI CONTRATTATI DECORRONO GLI INTERESSI DI MORA





United States Bankruptcy Court Southern District Of New York		PROOF OF CLAIM
Name of Debtor <b>DELPHI AUTOMOTIVE SYSTEMS LLC</b>	Case Number <b>05-44640</b>	This Space For Court Use Only
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.		
Name of Creditor (The person or other entity to whom the debtor owes money or property): <b>TECNOMECS.r.l.</b>	<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.	This Space For Court Use Only
Name and Address where notices should be sent: <b>TECNOMECS.r.l. Via Nazionale 11 Regione Remise 11020 Arnad (AO) ITALY</b>	<input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case.	
Telephone number: <b>00 39 0125 968 511</b>	<input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.	This Space For Court Use Only
Account or other number by which creditor identifies debtor: Customer Number <b>010951</b>	Check here if this claim <input type="checkbox"/> replaces or <input type="checkbox"/> amends a previously filed claim dated: _____	
<b>1. Basis for Claim</b> <input checked="" type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other _____ <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Last four digits of SS #: _____ Unpaid compensation for services performed from _____ to _____ (date) (date)		
<b>2. Date debt was incurred:</b> 19 December 2002 (Invoice 4543 copy attached)		<b>3. If court judgment, date obtained:</b> Not applicable
<b>4. Classification of Claim.</b> Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations.		
<b>Secured Claim.</b> <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral \$ _____ Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____	<b>Unsecured Priority Claim.</b> <input type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> Domestic support obligations - 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5). <input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____). * Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.	
<b>Unsecured Nonpriority Claim \$1442.59 (€1166.11)</b> <input checked="" type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or c) none or only part of your claim is entitled to priority		
<b>5. Total Amount of Claim at Time Case Filed: \$1442.59 (€1166.11) (Unsecured)</b>		<b>\$1442.59 (€1166.11)(Total)</b>
(Total original claim amount converted from Euros into US dollars according to average Interbank Rate 8 October 2005 - see attached) * If all or part of your claim is secured or entitled to priority, also complete Item 5 or 7 below.		
<b>6. Credits:</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. <b>7. Supporting Documents:</b> Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. <b>8. Date-Stamped Copy:</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim		This Space For Court Use Only
Date: <b>06 03 06</b> Sign and print the name and title of any, on the creditor or other person authorized to file this claim (attach copy of power of attorney, if any):		

Penalty for presenting fraudulent claim: Fine up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571

**TECNOMEC** S.r.l.

Cap. Soc. €uro 416.000 I.V.

EUR

416.000 I.V.

Direzione, Sede e Stabilimento:

11020 ARNAD (AO) - Via Nazionale, 11

Tel. 0125 968.511 - Fax 0125 966.374

E-mail: mail@gruppotecnomec.com

Registro Imprese di Aosta n° iscrizione e C.F. 00041600073

R.E.A. n. 31118 AOSTA - Part. IVA: 00041600073 - VAT n. IT 00041600073

**STAMPAGGIO LAMIERA  
COSTRUZIONE STAMPI  
COSTRUZIONI MECCANICHE**DELPHI AUTOMOTIVE SYSTEMS  
ATTN. ACCOUNT PAYABLE N.I. CORP. GEN  
45804 PG BOX 9905 KOKOMO IN USA**COMMENTO FATTURA**

YS ORDER NO. 479248 28/12/02

Pag.

Cod. Fornitore: 073849

CODICE CLIENTE PARTITA IVA CLIENTE

010951

FATTURA

DATA

19/12/2002

NUMERO

4543

N. ORDINE	CODICE ARTICOLO	DESCRIZIONE	U.M.	QUANTITÀ	PREZZO	IMPORTO	NUMERO	D.D.T.	DATA	% IV
479246	89357221	CONNECTOR - PIASTRINA PESO NETTO KG 78 PESO LORDO KG 80 N. COLLI 88 VALUTA: EURO SHIP TO: DELPHI DELCO ELECTRONICS SYSTEMS PLY 74 - QUIND SERVICE 1125 E. WAILE KOKOMO, IN 46902	N.	2480,00	9.6888	1.166,11	1667		19/12/2002	R
MATERIALI PRODOTTI IN ITALIA										

390125966374

BANCA D'APPOGGIO			
CONDIZIONI DI PAGAMENTO			
PURNESSA diretta 40 30 fine 1088	SCAD. 1° RATA	SCAD. 2° RATA	SCAD. 3° RATA
INCRITO	SCAD. 1° RATA	SCAD. 2° RATA	SCAD. 3° RATA

SCARICO CLAVORAZIONE	
DATA	NUMERO

RIEPIGHI I.V.A.	
IMPONIBILE	% ALIQUOTA
1.166,11	8%
Imposta non imponibile ai sensi Art. 9, D.P.R. 633 del 28/02/72 e successive modificazioni.	

TOTALE IMPONIBILE	1.166,11
TOTALE IMPOSTA	BOLLI

PER I PAGAMENTI OLTRE I TERMINI CONTRATTATI DECORRONO  
GLI INTERESSI DI MORIA

Contributo Ambientale COMAR Assolto ove dovuto

SPESE TRATTA	BOLLI
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TOTALE FATTURA	1.166,11
----------------	----------

EURO

SEAO

390125966374

**PANALPINA**  
on 6 continentsVIA LAINATE, 98-100  
20017 RHO MI  
Tel: 02935341 Fax: 293502168  
Mittente - Shipper

TRASMISSIONE BOLLE DOGANALI

Spett. Ditta  
TECNOMEC SRL**RICEVUTO**  
16 GEN. 2003VIA NAZIONALE, 11  
11020 ARNAD AO

Destinatario - Consignee

Notifica - Notify

Data - Date	Nostro Riferimento - Our reference	Vostro Riferimento - Your reference	Bl. et AWS No.	Rep. - Dept.
27/12/02				
Rosa Merce - Delivery terms	Assicurazione - Insurance	Dogana - Customs point	QUEST06	
A Mezzo - By	Il - Date	Da - From	Per - To	

EGREGI SIGNORI ,

IN ALLEGATO VI TRASMETTIAMO LE SEGUENTI BOLLE DOGANALI RELATIVE A  
SPEDIZIONI EFFETTUATE PER VS CONTO:

NS. RIF.	VS. RIF.	BOLLA DOG.NR.	TIPO	DATA
475951	INV. 4543	1681 TC/EG T.2	T2	20/12/02

DISTINTI SALUTI

PANALPINA TRASP. MOND. SPA

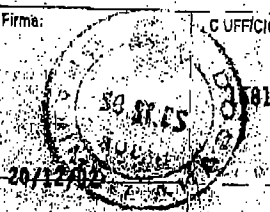
All agreements and forwarding shipping orders are subject to our general terms and conditions.  
After 30 days without receiving any claim, our invoice is considered as tacitly approved.Tutti gli accordi e gli ordini di spedizione di trasporto sono soggetti alle nostre condizioni generali.  
Trascorsi 30 giorni senza ricevere alcun reclamo, la fattura è considerata approvata.Sede legale: 20017 Lucernate di Rho (MI), Via San Francesco d'Assisi, 6 - Cap. Soc. EUR 2.000.000  
CCIAA Milano no 274984 Canc. Tribunale Milano no 36531 reg. soc. Foro Milano  
CF PI/ Tax-VAT-No IT 00745260158-BNL Ag.13 Milano CC 185-AHI 01005-CAB 01613/swift BNL ITTRAMNO

DIREZIONE COMPARTIMENTALE DELLE DOGANE DEL L. II.  
 REG. LOMBARDIA - AUT. PRESTAMP. NR. 11624 DEL 07/08/90  
 AUT. PRENUMERAZIONE NR. 2235 DEL 21/03/1994

Esemplare per lo speditore / esportatore

<b>TECNOME SRL</b> <b>VIA NAZIONALE, 11</b> <b>11020 ARNAD</b>		<b>390125966374</b> 000410000/J		<b>1 DICHIARAZIONE</b> <table border="1" style="width: 100%;"> <tr> <td style="width: 30%;">EX</td> <td style="width: 30%;">1</td> <td style="width: 30%;">T2</td> </tr> </table>		EX	1	T2	<table border="1" style="width: 100%;"> <tr> <td style="width: 30%;">1681</td> <td style="width: 30%;">TC/EG</td> <td style="width: 30%;">20/12/02</td> </tr> </table>		1681	TC/EG	20/12/02
EX	1	T2											
1681	TC/EG	20/12/02											
3 Formulari		4 Det. di carico		5 Articoli		6 Totale dei colli		7 Numero di riferimento: <b>00745260158/546125/J</b> <b>20/12/02</b>					
8 Destinataria N. <b>150677</b> <b>DELPHI PACKARD</b> <b>00000 WARREN OH</b>		9 Responsabile finanziario N.		10 Paese prima destinazione		11 Paese di transazione		13 P.A. C.					
14 Dichiarante/Rappresentante N. <b>00745260158</b> <b>PANALPINA SPA</b> <b>PANALPINA SPA RAP. IND.</b>		15 Paese di spedizione / esportazione <b>ITALIA</b>		16 Paese di origine <b>ITALIA</b>		17 Paese di destinazione <b>USA</b>		15 Cod. P. sped./asport. <b>005</b> 17 Cod. P. destinaz. <b>400</b>					
18 Identità e nazionalità del mezzo di trasporto alla partenza <b>172 47905710</b> <b>005</b>		19 Ctr. <b>005</b>		20 Condizioni di consegna <b>PARTENZA</b>		22 Monetato ed importo totale fatturato <b>1160-11</b>		23 Tasso di cambio <b>1.940</b>					
21 Identità e nazionalità del mezzo di trasporto attivo che attraversa le frontiere		25 Modo di trasporto alla frontiera <b>2</b>		26 Modo di trasporto interno <b>3</b>		27 Luogo di carico		28 Dati finanziari a banca <b>PROTOCOLLO N. 248</b>					
29 Ufficio di uscita <b>075140</b>		30 Localizzazione delle merci		31 Contro designazione delle merci <b>COLLI 8</b> <b>KG. LAVORI DI FERRO</b> <b>88,00</b>		32 Articolo N. <b>01</b>		33 Codice delle merci <b>73260097 00</b>					
34 Menzioni speciali/Documenti presentati/Certificati ed autorizzazioni <b>ET 4543 DEL 191202</b>		35 Massa lorda (kg) <b>1160</b>		36 Massa netta (kg) <b>1160</b>		37 REGIME <b>1</b>		40 Dichiarazione sommaria / Documento					
47 Calcolo delle imposte <b>1</b>		48 Dilazione di pagamento <b>RET-EXP</b>		49 Identificazione del deposito <b>5</b>		50 Obbligato principale N. <b>00745260158</b> <b>PANALPINA SPA</b> <b>VIA LAINATE, 98</b> <b>20017BHO</b> rappresentato da: <b>MORRETTA MARCELLO</b> Luogo e data: <b>MILANO</b> <b>P. CHIASSO</b> <b>CHIASSO</b>		51 Uffici di passaggio previsti (6 paesi)					
52 Garanzia non valida per: <b>N. 11 DEL 030600 CIO. DDC. MILANO</b>		53 Ufficio di destinazione (6 paesi) <b>MILANO</b>		54 Luogo e data: <b>MILANO</b> <b>20/12/02</b>		55 Firma e nome del dichiarante / rappresentante: <b>MORRETTA MARCELLO</b>		56 Termine (data limite): <b>04/01/03</b>					

EXPORT



PURCHASE ORDER

Pg 61 of 69

11/20/02

PURCHASE ORDER NO. 479248

DELPHI  
Automotive Systems

L79248

RICEVUTO 21 NOV. 2002

PAGE 1

Delphi Delco Electronics Systems

PLT 74-CUNEO SERVICE  
1125 E. VAILE  
KOKOMO, IN 46902TECNOMECC SRL  
VIA NAZIONALE 11 REG REMISE  
ARNAD ITALY  
IT 11029

PG VUILLERMON 39-125-96851

21/12/02 OK Gelli

QUANTITY	PART OR SPEC. NUMBER	ARTICLES AND DESCRIPTION	UNIT PRICE	U
3000	9357221	CONVECTOR	.48588	PC:
		DATE 3000 11/25/02	1457.64	
		CURRENCY CODE: EUR PRICE: .485		
		*****		
		* THIS PURCHASE ORDER IS ISSUED AND IS TO BE *		
		* INVOICED IN THE CURRENCY OF THE COUNTRY AS *		
		* SHOWN. THE U.S. DOLLAR AMOUNT IS FOR *		
		* DELCO ELECTRONICS CORP. INTERNAL REFERENCE *		
		* ONLY. *		
		*****		
		RESTRICTED, TOXIC, AND HAZARDOUS MATERIALS - SUPPLIERS ARE		
		REQUIRED TO COMPLY WITH CURRENT GOVERNMENTAL AND SAFETY		
		CONSTRAINTS ON RESTRICTED, TOXIC AND HAZARDOUS MATERIALS,		
		AS WELL AS ENVIRONMENTAL, ELECTRICAL AND ELECTROMAGNETIC		
		CONSIDERATIONS APPLICABLE TO THE COUNTRY OF MANUFACTURE,		
		SALE. THIS RELATES TO BOTH THE SALABLE PRODUCT AND THE		
		MANUFACTURING PROCESSES. (REFER ALSO TO TERMS AND		
		CONDITIONS NO. 10 "INGREDIENTS DISCLOSURE AND SPECIAL		
		WARNINGS INSTRUCTIONS"). COMMENCEMENT OF ANY WORK OR		
		SERVICE UNDER THIS ORDER SHALL CONSTITUTE SELLER'S		
		ACCEPTANCE OF THESE RESPONSIBILITIES. IF YOU DO NOT ACCE		
		THESE RESPONSIBILITIES PLEASE CONTACT THE DELCO		
		ELECTRONICS CORP. BUYER.		

These Numbers Must Appear on All Packing Slips

A UNIQUE NUMBER IDENTIFIED AS A SHIPMENT NUMBER MUST APPEAR ON ALL PACKING SLIPS

SUBMIT INVOICE USING THIS UNIT OF MEASURE

TERMS	FOB ORG, FRT COL	SHIP VIA	SHIP TO ARRIVE
84A NET MNS-2		DE NAMED CARRIER	ABOVE
LEDGER ACCT 80160001	CHG. DEPT.	WORK ORDER	PROJECT/USE NO. OR PLANT ORDER NO.
		FTU	DELIVER TO DEPT. NOTIFY

9. CONDITIONS: This order, including the terms and conditions on the face and reverse side hereof, (and including additional Terms and Conditions attached herewith if the work and material is for use on a (United States Government Contract), contains the entire and final agreement between Buyer and Seller and no other agreement in any way modifying any of said terms and conditions will be binding upon Buyer unless made in writing and signed by Buyer's authorized representative. To the extent that the order and/or shipped hereunder are by nature subject to Federal control, the following exemption certificate of Registration No. 38 73 0100A, issued by the Bureau Director, Internal Revenue Service, Detroit, Michigan, and that the article or articles specified in this order will be used by it in connection with the manufacture of, or as a component part of, another article or articles, is hereby acknowledged by the Seller as a condition of the order. This order is not binding until accepted.

EVEREST SIDE FOR SHIPPING AND BILLING INSTRUCTIONS.

ORIGIN FOR DIRECT PAYMENT SALES & USE TAX - The Indiana Department of Revenue under authority of Sec 5 of any purchase, sale, storage or other consumption of tangible personal property or service.

IT BEING INDIANA SALES TAX - REGISTERED RETAIL MERCHANTS CERTIFICATE NO 31253311 001 0.

PLEASE ADDRESS ALL CORRESPONDENCE TO THE ATTENTION OF THE BUYER

DE GRANDMAISON  
BUYERONE CORPORATE CENTER - PO BOX 8005  
Kokomo, Indiana 46904-9005

PHONE A/C

Post-it® Fax Note	7671	Date	11/21/02	# of pages	2
To	DELO GIACOMELLI		From	VAL HOFFMANN	
Co./Dept.		Co.			
Phone #		Phone #	765-451-0703		
Fax #	0039-0125-966374		Fax #		

ORIGINAL

55

PAGE 1 CONTINUED

390125966374

479248

USE THIS NUMBER ON ALL  
PACKING SLIPS

PLT 74-CUNEO SERVICE  
1125 E. VAILE  
KOKOMO, IN 46902

PAGE 2

PG VUILLERMON 39-125-96851

"SUPPLIERS ARE REQUIRED TO MEET THE REQUIREMENTS OF DELPHI PRODUCTION PART APPROVAL PROCESS AS DESCRIBED IN THE SUPPLIER PERFORMANCE DEVELOPMENT PROCESS FOR SUPPLIERS (SPDP) AND IN THE PRODUCTION PART APPROVAL PROCESS MANUAL. THE PRODUCTION PART APPROVAL PROCESS MANUAL IS AVAILABLE FROM AIAG (810-358-3003) AND THE SPDP DOCUMENTS CAN BE PROVIDED BY THE APPROPRIATE SUPPLIER QUALITY REPRESENTATIVE. SUPPLIERS MUST HAVE PART MANUFACTURING SITE APPROVAL PRIOR TO SHIPPING PRODUCTION QUANTITIES. CONTACT THE APPROPRIATE DELPHI SUPPLIER QUALITY REPRESENTATIVE REGARDING ANY QUESTIONS ON THE APPROVAL PROCESS OR APPROVAL STATUS."

SUBMIT INVOICE  
USING THIS —  
UNIT OF MEASU

---

56

390125966374

<b>United States Bankruptcy Court Southern District Of New York</b>		<b>PROOF OF CLAIM</b>
Name of Debtor <b>DELPHI AUTOMOTIVE SYSTEMS LLC</b>		This Space For Court Use Only
Case Number <b>05-44640</b>		
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.		
Name of Creditor (The person or other entity to whom the debtor owes money or property): <b>TECNOMEC S.r.l.</b>		This Space For Court Use Only
Name and Address where notices should be sent: <b>TECNOMEC S.r.l.                  Via Nazionale 11                  Regione Remise                  11020 Arnad (AO)                  ITALY</b>		
Telephone number: <b>00 39 0125 968 511</b>		
Account or other number by which creditor identifies debtor: <b>Customer Number 010951</b>		Check here if this claim <input type="checkbox"/> replaces or <input type="checkbox"/> amends a previously filed claim dated: _____
<b>1. Basis for Claim</b> <input checked="" type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other _____		
<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Last four digits of SS #: _____ Unpaid compensation for services performed from _____ to _____ (date) (date)		
<b>2. Date debt was incurred:</b> 26 November 2001 (Invoice 4671 - copy attached)		<b>3. If court judgment, date obtained:</b> Not applicable
<b>4. Classification of Claim.</b> Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations.		
<b>Secured Claim.</b> <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral \$ _____ Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____		<b>Unsecured Priority Claim.</b> <input type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> Domestic support obligations - 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000),* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5). <input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____). * Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.
<b>Unsecured Nonpriority Claim \$ 696.73 (€563.19)</b> <input checked="" type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.		
<b>5. Total Amount of Claim at Time Case Filed:</b> \$642.11 (€519.04) (Unsecured) Payment \$54.62 (€44.15) rec 07/06/04. (Total owing) \$642.11 (€519.04) (Total original claim amount converted from Euros into US dollars according to average Interbank Rate 8 October 2005 - see attached) * If all or part of your claim is secured or entitled to priority, also complete Item 5 or 7 below.		
<input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.		
<b>6. Credits:</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. <b>7. Supporting Documents:</b> Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. <b>8. Date-Stamped Copy:</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.		This Space For Court Use Only
Date: 01 03 06 Sign and print the name of the creditor, if any, or the creditor or other person authorized to file this claim (attach copy of power of attorney, if any).		

Penalty for presenting fraudulent claim: Fine up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571





VIA LAINATE, 98-100  
 20017 RHO, MI  
 Tel: 02935341 Fax: 293502168

Mittente - Shipper  
 TECNOMEC SRL

VIA NAZIONALE, 11  
 11020 ARNAD AO

Destinatario - Consignee  
 DELPHI DELCO

601 JOAQUIN CAVAZOS ROAD  
 78586 LOS INDIOS TX USA

Notifica - Notify

**PANALPINA**  
 on 6 continents

TRASMISSIONE DOCUMENTI

RACCOMANDATA

Spett. Ditta  
 TECNOMEC SRL

VIA NAZIONALE, 11  
 11020 ARNAD AO

Data - Date	Nostro Riferimento - Our reference	Vostro Riferimento - Your reference	B/L or AWB No.	Rep. - Dept.
7/01/02	259300	INV. 4671 DD 26.11.01	172/44959622	MNA/AEX/COMITE
Rassegna - Delivery terms	Assicurazione - Insurance		Dogana - Customs point	
EX WORK	NOT COVERED BY US			
A Mezzo - By	Il - Date	Da - From	Per - To	
TRUCK		MILAN, ITALY	HOUSTON INTERCONT. TEX. USA	
		ITALIA	U.S.A.	

Colli	Peso lordo	Contenuto
6	33,00	AUTOMOTIVE PARTS

EGREGI SIGNORI,  
 CON RIFERIMENTO ALLA SUDETTA SPEDIZIONE VI TRASMETTIAMO IN ALLEGATO:

BOLLA DOGANALE MOD. EX 1 T2 NO. 840 TCEG 271101

DISTINTI SALUTI.

PANALPINA TRASP. MOND. SPA

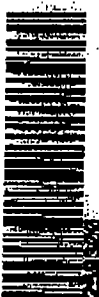
All agreements and forwarding shipping orders are subject to our general terms and conditions. After 30 days without receiving any claim, our invoice is considered as tacitly approved.

Tutti gli accordi e gli ordini di spedizione si intendono sottoposti alle nostre condizioni generali. Trascorsi 30 giorni senza ricevere alcun reclamo, la fattura è ritenuta tacitamente approvata.

**COMUNITÀ EUROPEA**

3	2 Speditore / Esportatore N. 00041600073 145604 TECNOMECC SRL VIA NAZIONALE, 11 11020 ARNAD		1 DICHIARAZIONE EX 1 T2		840 TC/EG 27/11/01 PANALPINA S.P.A. AUT. MIN. N. 0167/CS	
	8 Destinataria N. 167920 DELPHI DELCO 601 JOAQUIN CAVAZOS ROAD 78586 LOS INDIOS TX USA		3 Formulati 4 Dist. di carico 1 01		5 Articoli 6 Totale dei colli 1 6	
	14 Dichiarante/Rappresentante N. 00745260158 PANALPINA SPA PANALPINA SPA RAP. IND.		9 Responsabile finanziario N. 27/11/01		7 Numero di riferimento 00745260158/530110/T	
	15 Paese di spedizione / esportazione ITALIA		16 Paese di origine USA		17 Paese di destinazione USA	
3	18 Identità e nazionalità del mezzo di trasporto alla partenza MNA 259300 005 0		19 Ctr. 005 0		20 Condizioni di consegna EXW PARTENZA	
	21 Identità e nazionalità del mezzo di trasporto attivo che attraversa la frontiera		22 Moneta ad importo totale fatturato 900 563.19		23 Tasso di cambio 1936.278	
	25 Modo di trasporto alla frontiera 3		26 Modo di trasporto interno 3		27 Luogo di carico	
	28 Ufficio di origine 075140		29 Localizzazione delle merci		30 Dati finanziari e bancari PROTOCOLLO N. 231 DEL 22/11/01	
3	31 Colli e designazione delle merci COLLI 6 ALTRE MOLLE DI FERRO O DI ACCIAIO		32 Articolo 01 N.		33 Codice delle merci 73209090 90	
	34 Cod. P. di origine AO		35 Massa lorda (kg) 33.00		36 Massa netta (kg) 27.00	
	37 REGIME 10-00 1		38 Contingenti		40 Dichiarazione sommaria / Documenti allegati C B R A M A I V	
	41 Unità supplementari		42 Valore statistico 1090487		43 Valore statistico 1090487	
3	44 Menzioni speciali / Documenti presentati / Certificati ed autorizzazioni ET.4671 DEL 261101		45 Valore statistico RET-EXP		46 Valore statistico 1090487	
	47 Calcolo delle tasse		48 Dilaione di pagamento		49 Identificazione del dipartimento S	
	50 Obbligato principale N. 00745260158 PANALPINA SPA (SPL) VIA LAINATE 20017RHO rappresentato da: MORRETTA MARCELLO Luogo e data: MILANO 27/11/01 P. CHIASSO CHIASSO		51 Ufficio di destinazione (a paese) 1 LUSSEMBURGO		52 Ufficio di partenza (a paese) 1 LUSSEMBURGO	
	53 Ufficio di partenza (a paese) 1 LUSSEMBURGO		54 Ufficio di destinazione (a paese) 1 LUSSEMBURGO		55 Ufficio di partenza (a paese) 1 LUSSEMBURGO	

**EXPORT**



**TECNOMEC** S.p.A.

Cap. Soc. L. 900.000.000 I.V.  
 Direzione, Sede e Stabilimento:  
 11020 ARNAD (AO) - Reg. Rimise - Via Nazionale, 11  
 Tel. 0125 988.511 - Fax 0125 966.374  
 Deposito e Recupero:  
 10095 GRUGLIASCO (TO) - C.so C. Allamano, 19 - Tel. 011 784.588  
 Registro Imprese Tribunale Aosta n. AO 063/957 - R.E.A. n. 31118 AQSTA  
 Cod. Fiscale IVA: 00041600073 - VAT n. IT 00041600073

Spett.le  
 DELPHI AUTOMOTIVE SYSTEMS  
 ATTN: ACCOUNT PAYABLE N.I. CORP. GEN  
 16904 PO BOX 9005 KOKOMO IN USA

**STAMPAGGIO LAMIERA  
 COSTRUZIONE STAMPI  
 COSTRUZIONI MECCANICHE**

Cod. Fornitore: 82384A

FATTURA	
CODICE CLIENTE	DATA
810951	26/11/2001
PARTITA IVA CLIENTE	NUMERO
	657

COMPLETO FATTURA

Pag. 1

N. ORDINE	CODICE ARTICOLO	DESCRIZIONE	U.M.	QUANTITA'	PREZZO	IMPORTO	NUMERO	DATA	% IVA
450580	16210830	SPRING-LOCK - MOLLER PESO NETTO KG 27 PESO LORDO KG 33 N. COLLI 05 VALUTA: EURO SHIP TO: Delphi Delco Electronics Systems 601 Joaquin Cavazos Road Los Indios, Texas 78567 USA	M.	5885,00	0,09570	563,19	4762	26/11/2001	N3
MATERIALI PRODOTTI IN ITALIA									

390125966374

BANCA D'APPOGGIO		CONDIZIONI DI PAGAMENTO		RIPILLOBI IVA		TOTALE IMPONIBILE	
Rimborso diretta 60 gg fine mese		SCAD. 1° RATA		IMPOSTA		563,19	
IMPORTO		SCAD. 2° RATA		Non Imp. Art. 8		TOTALE IMPOSTA	
		SCAD. 3° RATA		Operazione non imponibile ai sensi Art. 8, D.P.R. 635 del 26/10/72 e successive modificazioni.		BOLLI	
		SCAD. 4° RATA		SE TRATTA		BOLLI	
				BOLLI		TOTALE FATTURA	
						563,19	
						EURO	
						8 E 0	

PER I PAGAMENTI OLTRE I TERMINI CONTRATTATI DECORRONO GLI INTERESSI DI MORA  
 Contributo Abbonale CONRI Assolto a Jovuto

RECEIVED  
MAR 27 1964  
U.S. AIR FORCE  
HEADQUARTERS  
AIR FORCE  
WASHINGTON, D.C.

UNITED STATES BANKRUPTCY COURT  
SOUTHERN DISTRICT OF NEW YORK

IN RE:

DELPHI CORPORATION, et.al.

Debtors in Possession.

Case No. 05-44481 (RDD)  
Chapter 11  
(Jointly Administered)

**DECLARATION OF SERVICE**

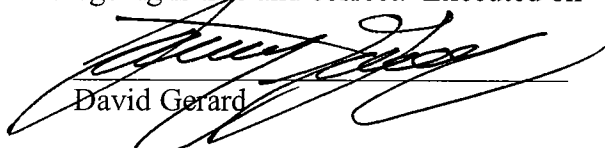
David Gerard, under penalty of perjury, declares and says:

1. I am over eighteen years of age and I am not a party to this action.
2. On April 13, 2007, I caused TECNOMEC S.R.L.'S RESPONSE TO DEBTORS' ELEVENTH OMNIBUS OBJECTION TO CERTAIN (A) INSUFFICIENTLY DOCUMENTED CLAIMS, (B) CLAIMS NOT REFLECTED ON DEBTORS' BOOKS AND RECORDS, (C) UNTIMELY CLAIMS, AND (D) CLAIMS SUBJECT TO MODIFICATION to be served by the method indicated below to:

- ☐ via first class mail, postage prepaid  
☐ via certified mail, return receipt requested  
☐ via overnight mail  
☐ via facsimile transmission  
☒ via hand delivery

John Wm. Butler, Jr.  
John K. Lyons  
Randall G. Reese  
Skadden, Arps, Slate, Meagher &  
Flom LLP  
333 West Wacker Drive, Suite 2100  
Chicago, IL 60606  
*Counsel to the Debtors*  
General Counsel  
Delphi Corporation  
5725 Delphi Drive  
Troy, MI 48098  
*Debtors in Possession*

I declare under penalty of perjury that the foregoing is true and correct. Executed on April 13, 2007.

  
David Gerard